



**Date: 3/19/26**

This weekly report from the New York State Department of Health presents summaries of select ongoing and emerging infectious disease outbreaks of interest to public health professionals and the public, both globally and in the United States. The Global Health Update summaries include preliminary and up-to-date data that are publicly available for these events at the time of posting. Because this report aggregates and summarizes data and information from outside sources, the quality, accuracy or completeness of that data, and the appropriateness of the methodology used, cannot be guaranteed. Please refer directly to those sources for any data questions. Because the report includes preliminary information, subsequent reports may contain updates or revisions to information in prior reports.

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## Chikungunya

### The Americas – Updated 2026 Data; Incidence Highest in Suriname and Bolivia:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on March 19, there have been a total of 47,228 chikungunya cases, of which 15,571 are confirmed, and 15 deaths reported in the Americas during 2026. Since the previous update, 13,339 incident chikungunya cases, of which 3,888 are confirmed, and 6 deaths were reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Bolivia	17,378	+9,120	6,575	+2,515	6	+2	0.1%
Brazil	24,078	+3,740	7,372	+1,313	7	+4	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Suriname	2,579	+0	1,354	+0	0	+0	0.0%
Rest of the Americas	1,736	+479	156	+60	0	+0	0.0%
<b>Total</b>	<b>47,228</b>	<b>+13,339</b>	<b>+15,571</b>	<b>3,888</b>	<b>15</b>	<b>+6</b>	<b>0.1%</b>

Table Notes: Data extracted on March 19, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.

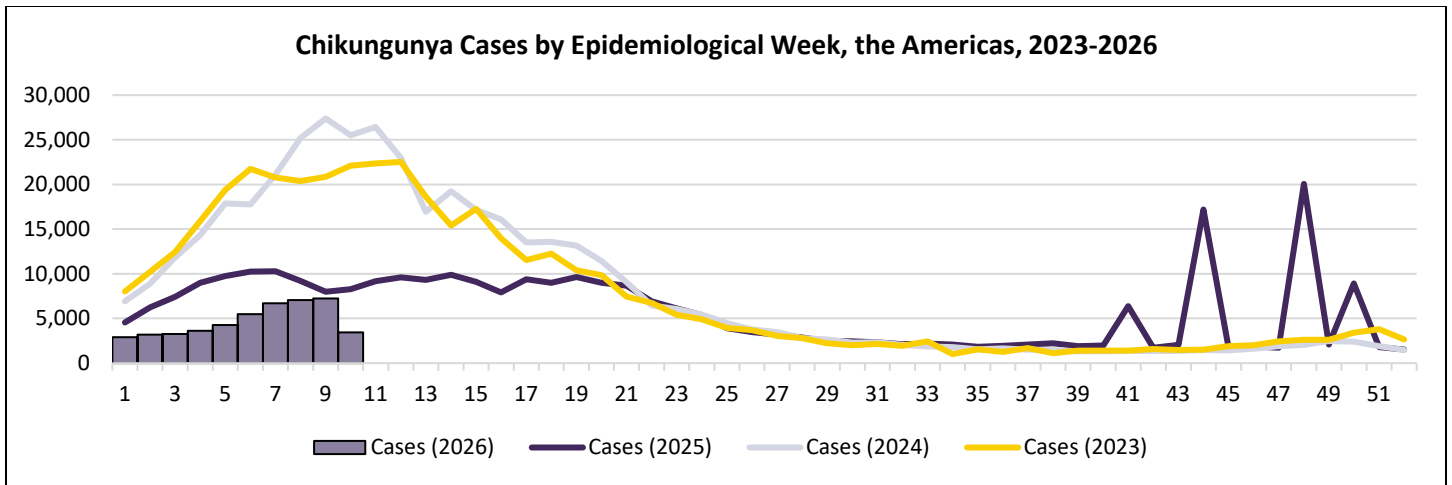


Figure Notes: Data extracted on March 19, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 16 countries during 2026, primarily [Brazil](#) (24,078), [Bolivia](#) (17,378), and [Suriname](#) (2,579), Argentina (1,647), and Cuba (1,457). Cumulative incidence per 1,000,000 population is currently highest in Suriname (399.84), Bolivia (136.31), Cuba (13.38), [French Guiana](#) (12.58), Brazil (11.27), and Argentina (3.58). According to a [PAHO Epidemiological Alert](#) from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years.

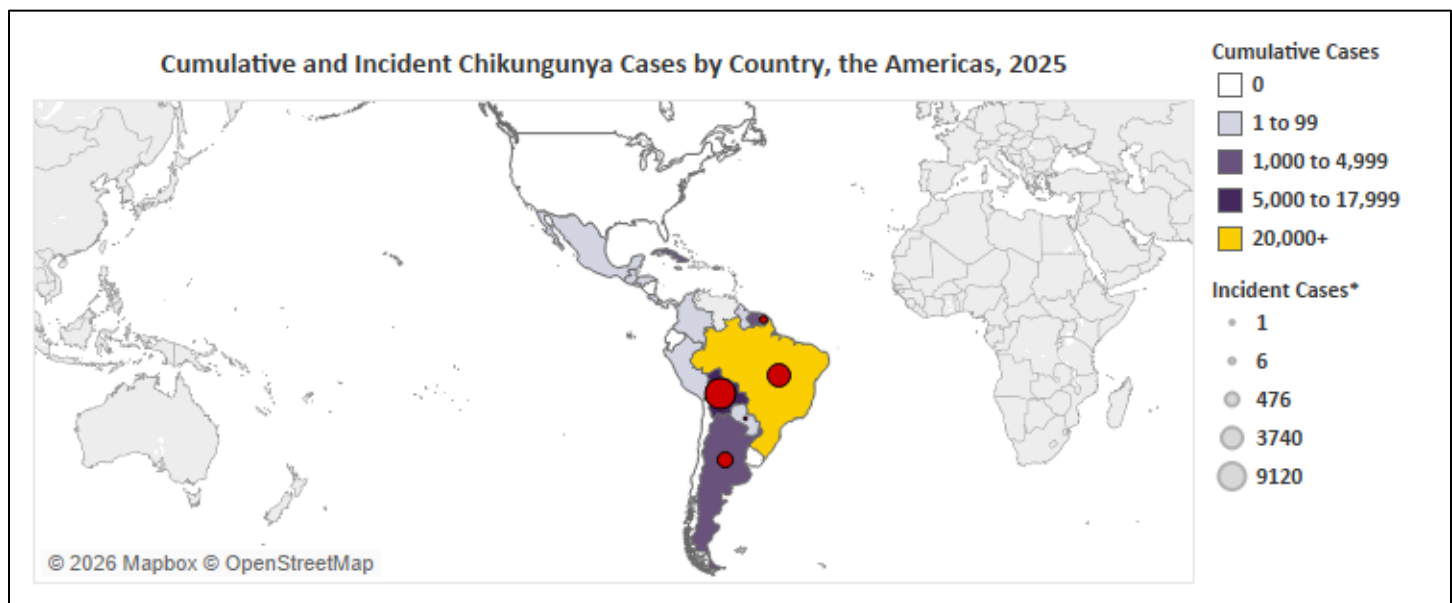


Figure Notes: Data extracted on March 19, 2026, and includes locally acquired cases only; \*Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

During 2025, there were 315,860 chikungunya cases, of which 115,737 were confirmed, and 173 deaths reported in the Americas. There were 2 locally acquired chikungunya cases reported during 2025 in the United States among residents of [New York](#) and [Florida](#), the first in the country since 2015. According to data from the [United States CDC](#) as of January 13, 2026, a total of 466 travel associated cases were reported in the country during 2025. The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding chikungunya in [Bolivia](#), [Cuba](#), and [Suriname](#). [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [PAHO \(3/19/26\)](#)

## Mayotte – Confirmed Locally Acquired Cases Reported in 16/17 Communes:

According to data from the [French National Public Health Agency \(SPF\)](#), there has been a resurgence of chikungunya virus circulation in Mayotte this year with a sharp increase in incidence observed during epidemiological weeks 6-7 and a total of 360 confirmed locally acquired cases reported in 16/17 communes as of March 8, 2026. Since the previous update, 75 locally acquired confirmed incident cases were reported, of which 65 had symptom onset during epidemiological week 10 (a 22% decrease compared to the prior week). Confirmed cases have been reported primarily in Sada (71), Mamoudzou (64), Chirongui (36), and Bouéni (35). Those aged 25-44 and 45-64 years have accounted for 69% of confirmed cases.

Chikungunya Cases and Deaths, Mayotte, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
360	+75	0	+0	0.0%

*Table Notes: Data as of March 8, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.*

Mayotte has been experiencing a chikungunya outbreak since the beginning of 2025 with [1,396 confirmed cases](#) reported as of February 13, 2026, according to data from the [Regional Health Agency of Mayotte \(ARS: Mayotte\)](#), likely an underestimate due to low access to healthcare in areas affected by cyclone Chido. Mayotte is an overseas department of France positioned in the Indian Ocean off the coast of Southeastern Africa where chikungunya activity has seen a [resurgence in recent years](#). The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in Mayotte. [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

**Data Sources:** [ARS: Mayotte \(2/13/26\)](#), [SPF \(3/13/26\)](#)

## Seychelles – Over 110 Travel Associated Cases Reported in EU/EEA Countries:

According to the [National Information Services Agency \(NISA\)](#), which cites the Seychelles Ministry of Health, there has been a nationwide increase in chikungunya activity since mid-December 2025, with the disease being the most prevalent arbovirus on the Indian Ocean island nation as of early 2026, and [coinciding with the rainy season](#). In February, the Ministry of Health reported that they have been closely monitoring the situation and [intensifying efforts](#) to detect and prevent the spread of chikungunya and other prevalent arboviruses.

Travel associated cases among individuals returning from Seychelles have been reported globally, including in [Germany](#), [Hong Kong](#), [Russia](#), and [Armenia](#). Since the previous update, the [European Centre for Disease Prevention and Control \(ECDC\)](#) reported that over 110 travel associated chikungunya cases have been reported by 13 European Union and European Economic Area (EU/EEA) countries among individuals returning from Seychelles since November 2025, marking a notable increase compared to prior years.

The United States CDC currently has a [Level 2 Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in Seychelles. [Vaccination](#) is recommended for travelers visiting an area with an outbreak. According to [BEACON](#), this outbreak follows 20 years of insignificant chikungunya activity in Seychelles since the first outbreak and epidemic experienced by the country from 2005-2007.

**Data Sources:** [NISA \(1/7/26\)](#), [NISA \(2/5/26\)](#), [NISA \(2/6/26\)](#), [ECDC \(3/13/26\)](#), [BEACON \(2/15/26\)](#)

# Escherichia Coli

## United States – New Multistate Outbreak Linked to Raw Cheddar Cheese:

According to data from the [United States CDC](#) as of March 13, 2026, there have been a total of 7 cases infected with the outbreak strain of *Escherichia coli* (*E. coli*) O157:H7 linked to raw cheddar cheese sold by Raw Farm, LLC.

Escherichia Coli Outbreak Cases, Hospitalizations, and Deaths, United States, 2025-2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
7	+7	2	+2	0	0	0.0%

Table Notes: Data as of March 13, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

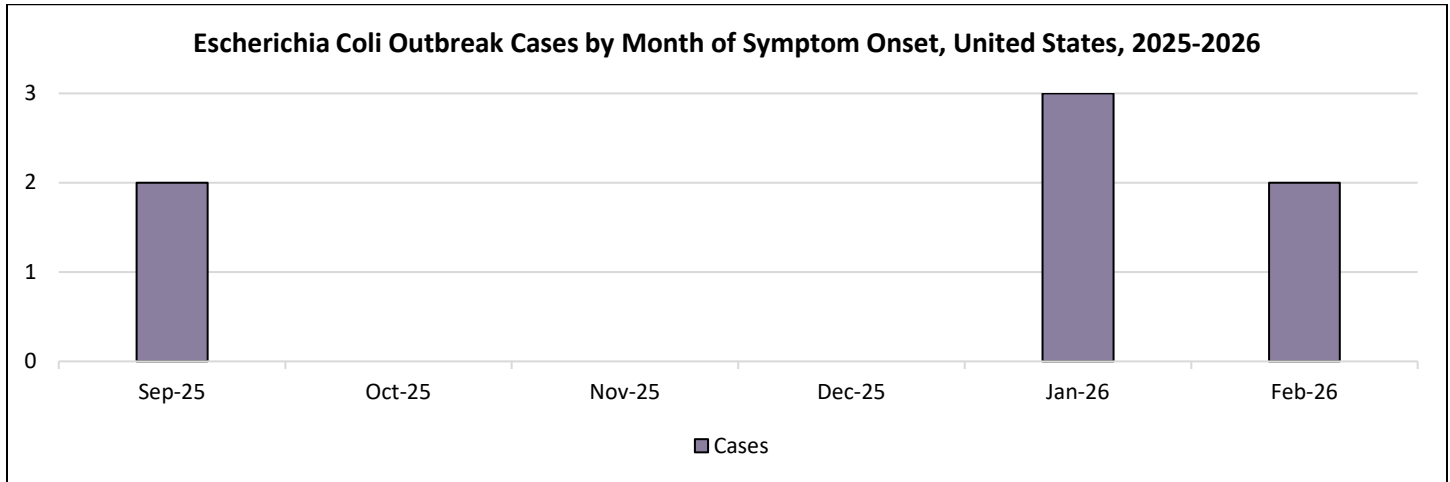


Figure Notes: Data as of March 13, 2026.

Cases have been reported by 3 states (California, Texas, and Florida) with reported dates of illness onset ranging from September 1, 2025 – February 13, 2026. Cases range from 1-28 years of age with a median age of 3 years. Among all cases with available demographic information, most have been male (71%), White (75%), and non-Hispanic (86%). Among interviewed cases (3), 100% reported eating Raw Farm brand raw cheddar cheese. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related genetically, suggesting a common source of infection.

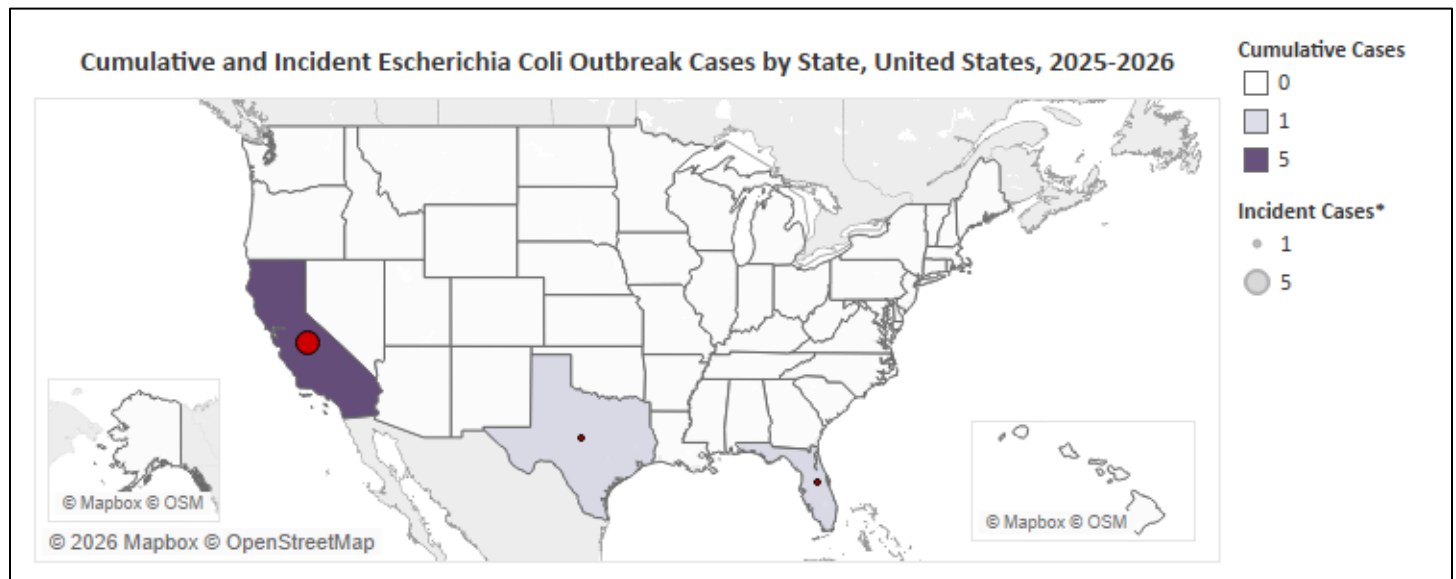


Figure Notes: Data as of March 13, 2026; \*Change in cumulative total compared to previous update.

A recall of affected products has not been issued by Raw Farm, LLC. The United States [Food and Drug Administration \(FDA\)](#) has recommended that Raw Farm, LLC. voluntarily remove their raw cheese products from the market – Raw Farms, LLC has declined. Affected products include original flavor raw cheddar cheese products of all sizes in block and shredded forms. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states.

**Data Source:** [CDA \(3/15/26\)](#)

## Measles

### Global – WHO Provides Update on Global Case Counts and Incidence Rates:

Since the previous update, the [World Health Organization \(WHO\)](#) released their monthly update regarding confirmed measles cases and incidence reported globally by WHO Member States during 2026. During 2026, there have been a total of 30,557 confirmed measles cases reported by 91 countries. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of March 16, 2026, are presented in the table below.

Cumulative Measles Cases and Incidence Rates, Global, 2026			
Confirmed Cases		Incidence per 1M Population	
Country	Cumulative	Country	Cumulative Incidence Rate
<a href="#">Mexico</a>	6,426	Lao People's Democratic Republic	166.64
India	6,315	Kazakhstan	98.25
Kazakhstan	2,048	Central African Republic	88.88
Angola	2,017	Cameroon	52.34
Pakistan	1,682	Angola	51.66
Cameroon	1,564	<a href="#">Mexico</a>	48.70
Lao People's Democratic Republic	1,312	<a href="#">Mongolia</a>	33.83
<a href="#">United States of America</a>	1,259	Burundi	30.85
Sudan	1,021	Guatemala	20.33
<a href="#">Canada</a>	705	Sudan	19.76

Table Notes: Data as of March 16, 2026; Cumulative incidence rates calculated using population data from 2025.

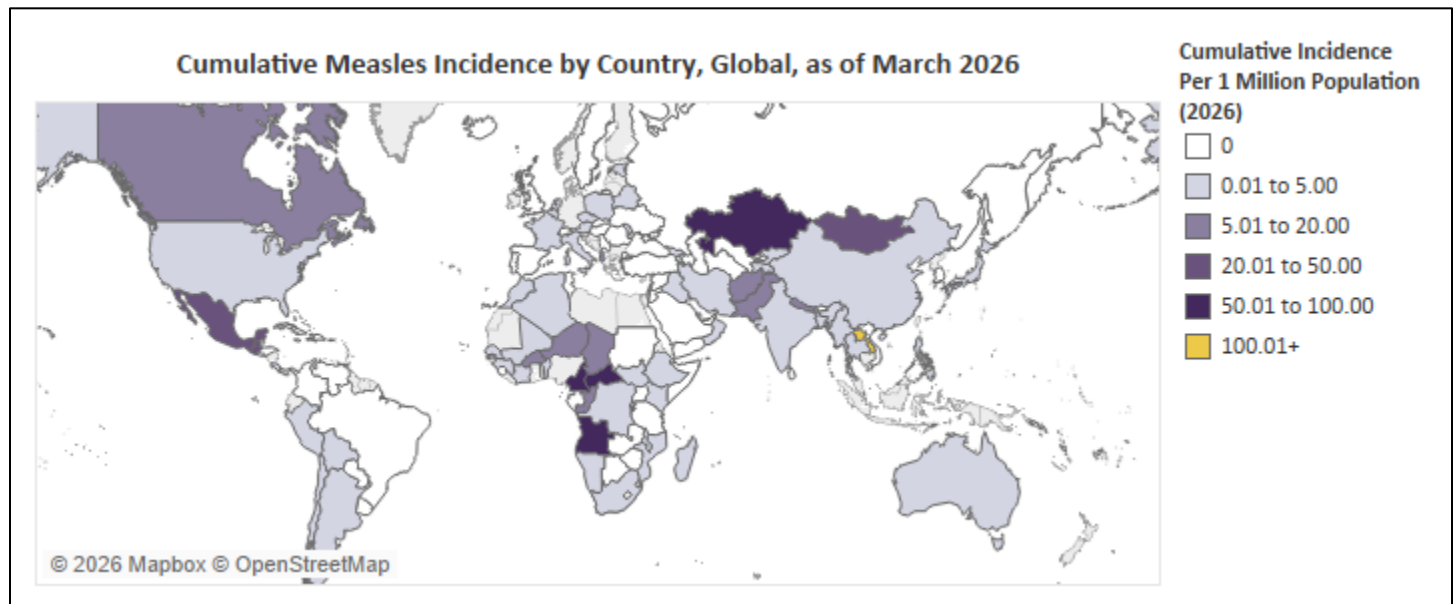


Figure Notes: Data as of March 16, 2026; Cumulative incidence rates calculated using population data from 2025.

There were a total of 276,240 confirmed measles cases reported globally during 2025. On November 10, 2025, the [Pan American Health Organization \(PAHO\)](#) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission observed for  $\geq 12$  months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in November 2026 (Mexico and the United States). According to a [PAHO Epidemiological Alert](#) published in February, confirmed case counts for 2026 in the Americas represent a 45-fold increase compared to 2025 through the end of epidemiological week 3. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Source: [WHO \(3/16/26\)](#)

## Canada – Incident Cases Reported in 4 Provinces, Most in Manitoba and Alberta:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of March 7, 2026, there have been a total of 5,463 probable and confirmed measles cases reported in Canada during 2025, and 504 probable and confirmed measles cases reported during 2026. Since the previous update, 94 incident cases were reported, primarily in Manitoba and Alberta.

Measles Cases, Hospitalizations, and Deaths, Canada, 2025-2026									
Year	Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	382	+0	5,081	+3	401	+0	2	+0	0.0%
2026	44	+5	460	+86	28	+9	0	+0	0.0%

Table Notes: Data as of March 7, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.

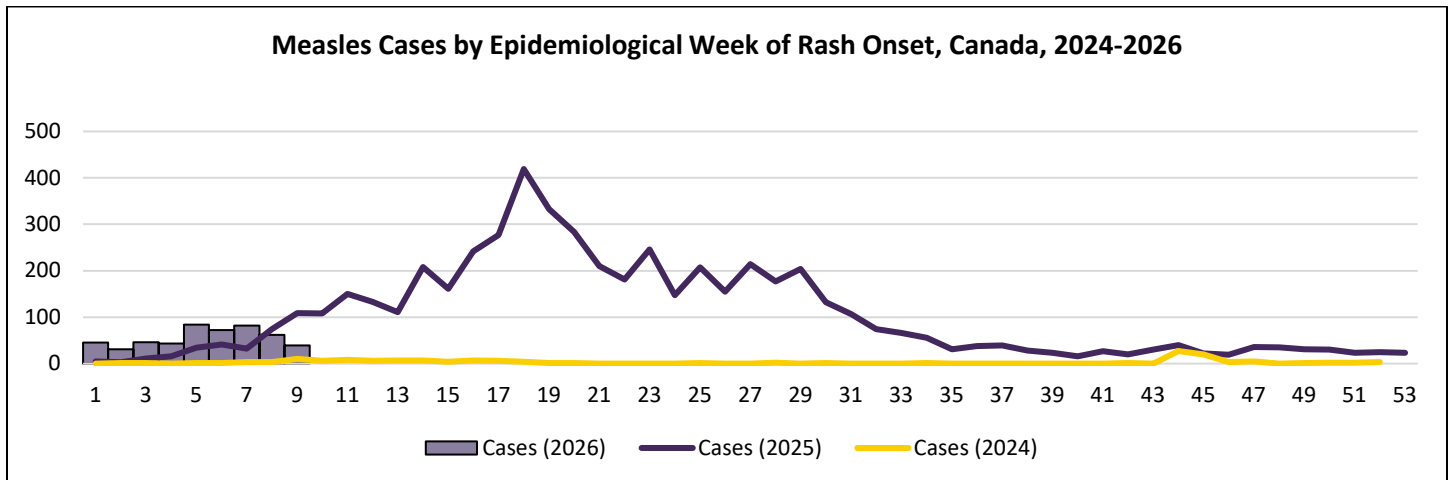


Figure Notes: Data as of March 7, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (315), [Alberta](#) (145), [British Columbia](#) (19), Nova Scotia (10), Ontario (7), [Saskatchewan](#) (5), and [Quebec](#) (3). Those aged 5-17 years have been most affected (41%), followed by those aged 18-54 years (37%), and those aged 1-4 years (13%). Among all cases, 92% were unvaccinated or had unknown vaccination statuses, 6% have been hospitalized, and 98% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Guatemala, Mexico, Pakistan, Spain, and Togo.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), Alberta (2,015), British Columbia (440), and Manitoba (358). Those aged 5-17 years were most affected (45%), followed by those aged 18-54 years (28%), and those aged 1-4 years (20%). Among all cases, 93% were unvaccinated or had unknown vaccination statuses, 7% were hospitalized, and 98% were exposed in Canada (epidemiologically and/or virologically linked).

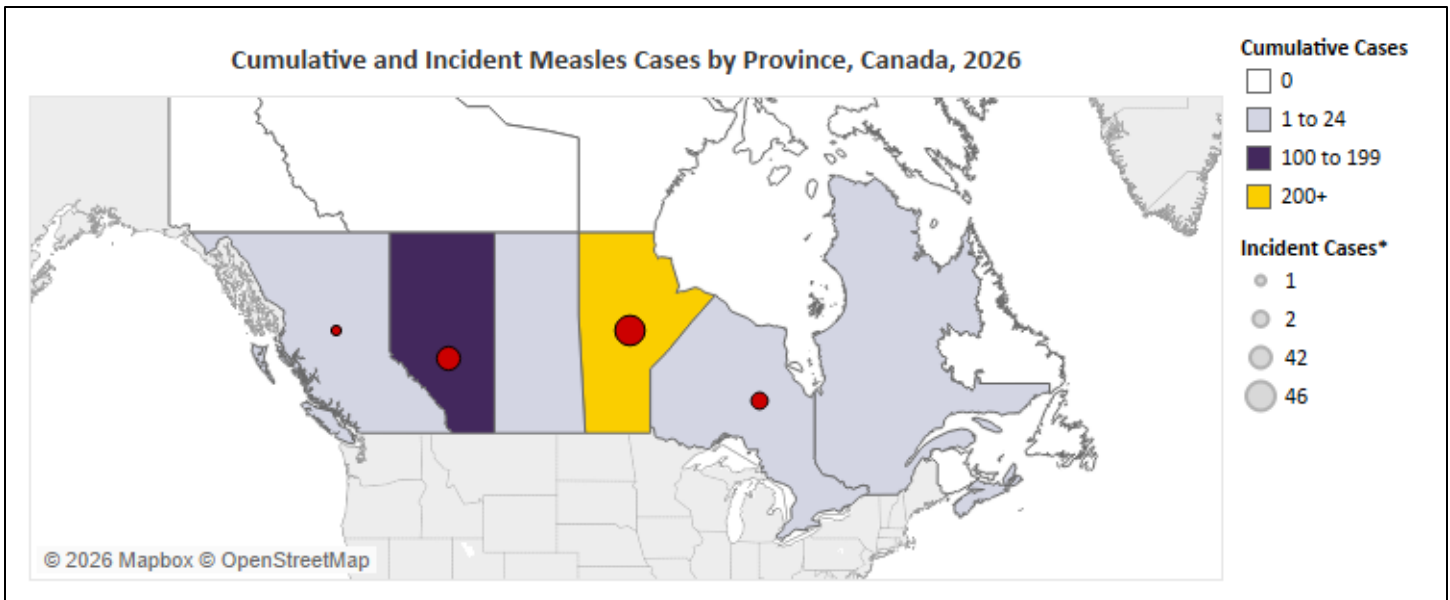


Figure Notes: Data as of March 7, 2026, and includes probable and confirmed cases; \*Change in cumulative total compared to previous update.

Canada is currently experiencing a large measles outbreak involving 5,880 cases that began in October 2024 and has resulted in the country [losing measles elimination status](#). Among all cases reported during 2026, 98% are linked to this outbreak. During 2025, Canada reported the highest number of cases in a single year since 2011 (752). From 1998-2024, a period where measles was eliminated in Canada, there were 91 cases reported annually on average. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Sources: [PHAC - 2026 \(3/16/26\)](#), [PHAC - 2025 \(3/16/26\)](#)

## Israel – Additional Death Reported Among Unvaccinated 17-Year-Old:

According to data from the [Israeli Ministry of Health](#), as of February 25, 2026, there have been a total of 3,140 measles cases reported in Israel since April 2025. On March 17, 2026, the Ministry of Health reported an [additional measles death](#) among an unvaccinated 17-year-old male with underlying health conditions, bringing the total number of deaths reported during this outbreak to 17 and indicating ongoing measles transmission and sustained outbreak severity.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025-2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
3,140	+0	1,071	+0	17	+1	0.5%

Table Notes: Data on cases and hospitalizations as of February 25, 2026; Data on deaths as of March 17, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

Cases have primarily been reported in Beit Shemesh (983), Jerusalem (979), Safed (137), Bnei Brak (136), Tiberias (101), Beitar Illit (93), Modin Illit (66), and Nof Hagalil (54). Among all cases, 87.9% have been among children aged <10 years, and 34.1% have been hospitalized, including 24 cases currently hospitalized – 5 of which are in intensive care. Almost all deaths have been reported among unvaccinated children aged <3 years of age with no underlying health conditions. Vaccination campaigns have been ongoing since May 2025. Breakthrough infections ([1](#), [2](#)) resulting in mild infections have been observed in this outbreak among doctors providing care for measles patients at the same hospital.

A total of [54 measles cases](#) were reported in Israel during 2023-2024. During 2018-2019, Israel experienced a large measles outbreak with approximately 4,300 cases and 3 deaths that was linked to outbreaks in [New York City \(NYC\)](#), and [New York \(excluding NYC\) and New Jersey](#). The current outbreak is the largest since the 2018-2019 outbreak with a much greater

number of deaths reported, suggesting delays in care seeking that may be contributing to preventable deaths, the presence of many additional measles cases not captured by surveillance, or both.

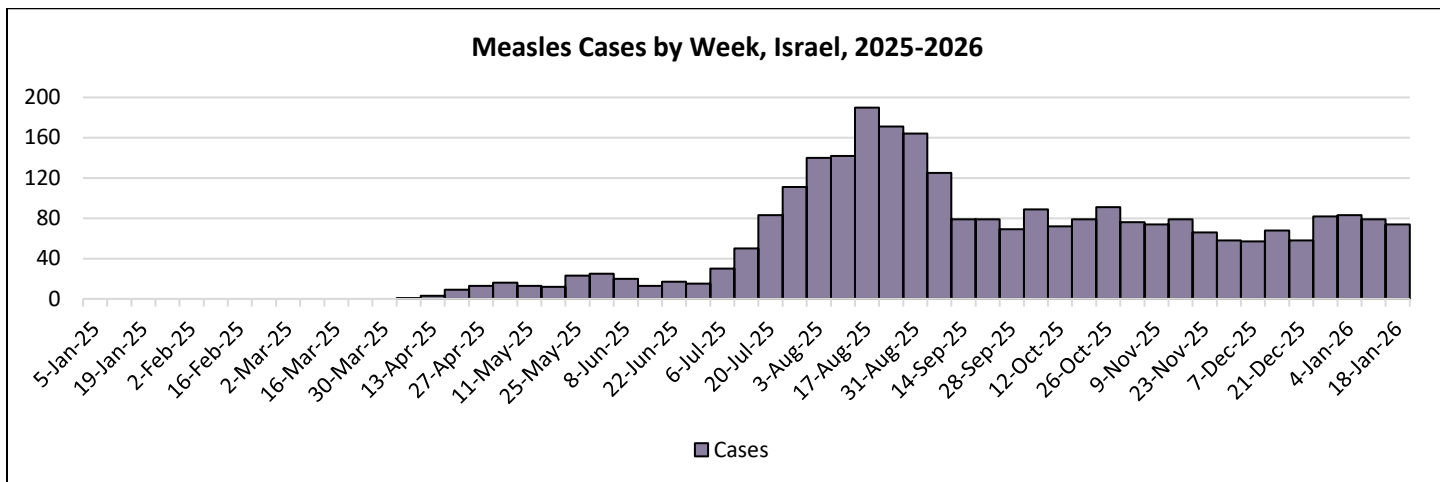


Figure Notes: Data as of February 25, 2026, and includes 2,797 cases through January 24, 2026.

Data Sources: [Israeli Ministry of Health \(2/25/26\)](#), [Israeli Ministry of Health \(3/17/26\)](#)

### Mexico – Over 700 Confirmed Incident Cases Reported, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of March 18, 2026, there have been a total of 6,452 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 7,403 confirmed cases and 8 deaths reported during 2026. Since the previous update, 723 confirmed incident cases and 1 death were reported. Incident cases were primarily reported in Jalisco (428), Chiapas (60), and Mexico City (55).

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,729	+0	6,452	+0	27	+0	0.4%
2026	18,985	+1,284	7,403	+723	8	+1	0.1%

Table Notes: Data as of March 18, 2026; †Change in cumulative total compared to prior update; \*Case fatality rate (CFR) calculated among confirmed cases.

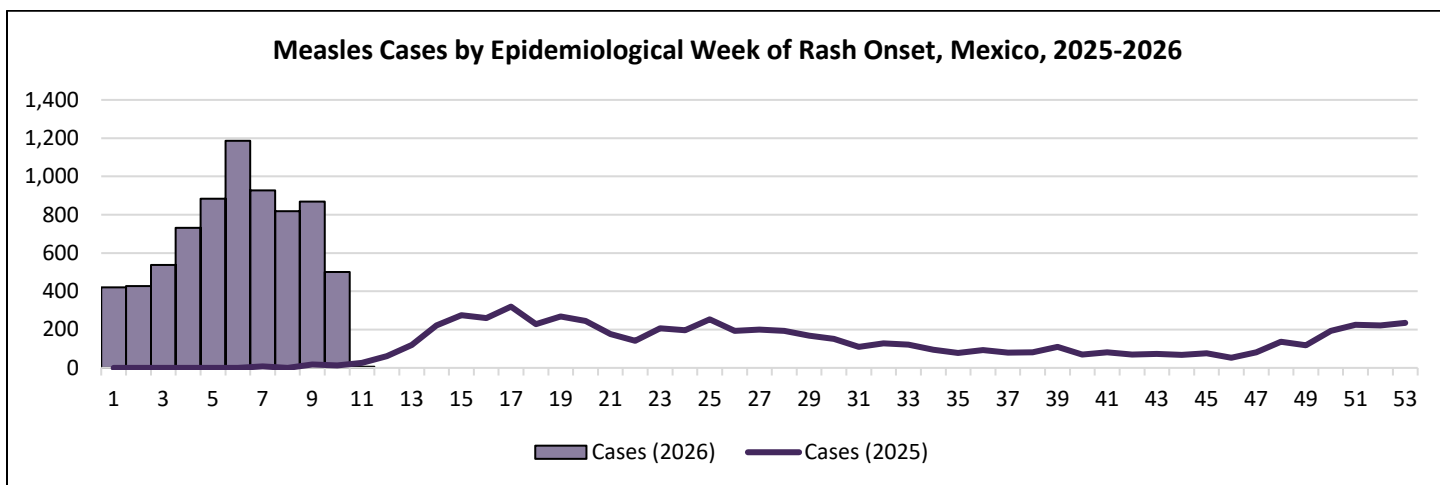


Figure Notes: Data as of March 18, 2026, and includes confirmed cases only (4 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (4,358), Chiapas (644), and Mexico City (538). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,495) and Jalisco (664). Across both

years, incidence per 100,000 population has been highest among those aged <1 year (67.69), followed by those aged 1-4 years (21.39), those aged 5-9 years (15.21), and those aged 25-29 years (15.10).

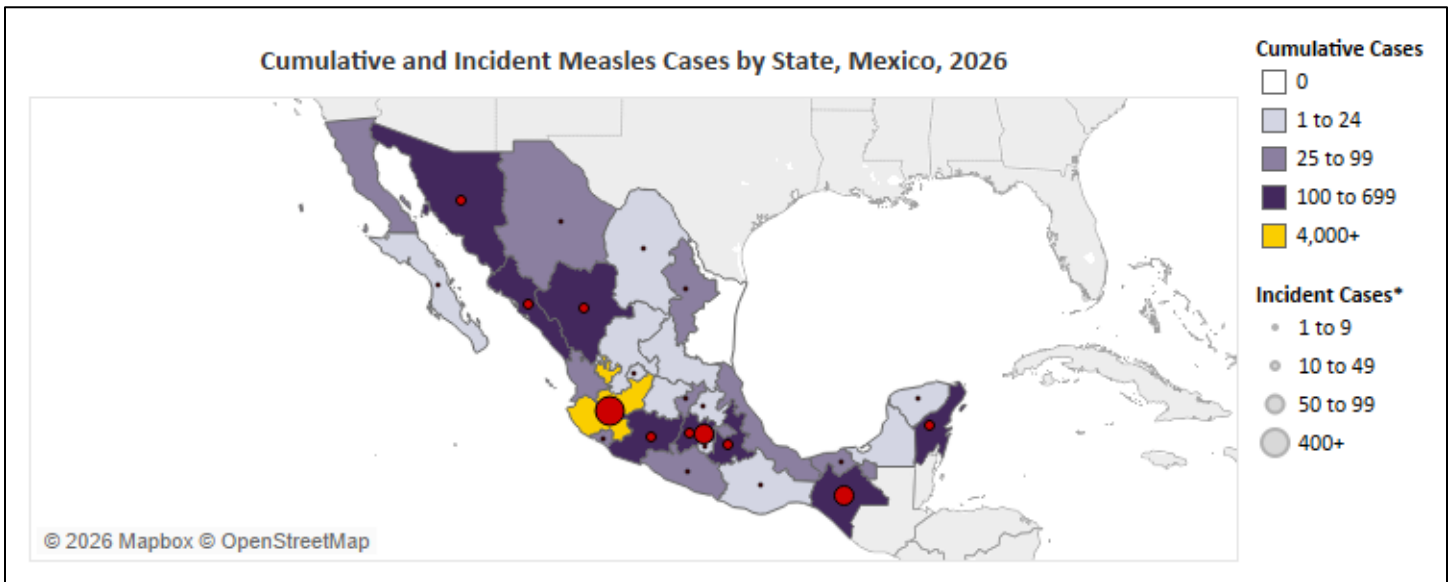


Figure Notes: Data as of March 18, 2026, and includes confirmed cases only; \*Change in cumulative total compared to previous update.

Measles outbreaks in Mexico have been ongoing since February 1, 2025 – this is the largest measles epidemic in Mexico since the country achieved elimination status in 1997. The [Pan American Health Organization \(PAHO\)](#) had initially invited Mexico to meet virtually in April to review their measles elimination status. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). Over [30 million measles vaccine doses](#) have been administered in Mexico since the beginning of 2025. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

**Data Source:** [Secretary of Health \(3/18/26\)](#)

## United States – Incident Cases Reported in 11 States, Most in Utah:

According to data from the [United States CDC](#) as of March 12, 2026, there have been a total of 2,284 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,362 confirmed cases reported during 2026. Since the previous update, 82 confirmed incident cases were reported, primarily in Utah.

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,284	+1	246	+0	3	+0	0.1%
2026	1,362	+81	65	+3	0	+0	0.0%

Table Notes: Data as of March 12, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

During 2026, confirmed cases have been reported by 31 jurisdictions, primarily South Carolina (664), Utah (231), Florida (116), and Texas (93). There have been 14 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (256 from outbreaks that began during 2026 and 1,025 from outbreaks that began during 2025). Currently, there are ongoing outbreaks in [Arizona](#), [California](#), [Colorado](#), [Florida](#), [South Carolina](#), [Texas](#), and [Utah](#). The CDC is [currently supporting response activities](#) in the Carolinas to contain and prevent outbreaks. Those aged 5-19 years have been most affected (54%), followed by those aged 20+ years (23%), and those aged <5 years (22%). Among all confirmed cases 92% have been unvaccinated or have unknown vaccination statuses and 5% have been hospitalized. In New York, there have been 3 confirmed case reported in [New York City](#) and 4 confirmed cases reported in [Rest of State](#).

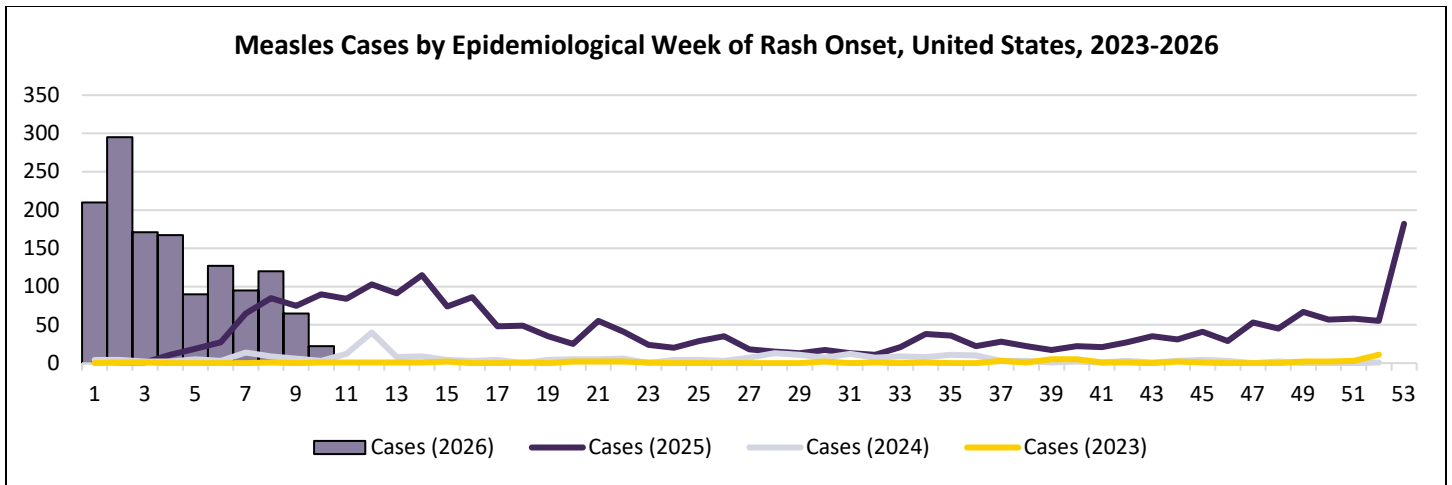


Figure Notes: Data as of March 12, 2026, and includes cases reported among international visitors to the United States.

During 2025, confirmed cases totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 48 outbreaks reported – 90% of confirmed cases were outbreak associated. Those aged 5-19 years were most affected (44%), followed by those aged 20+ years (29%), and those aged <5 years (26%). Among all confirmed cases, 93% were unvaccinated or had unknown vaccination statuses and 11% were hospitalized – including 18% of cases aged <5 years. In New York, there were 20 confirmed cases reported in [New York City](#) and 28 in [Rest of State](#) with an [increase observed during October](#) in the Hudson Valley as a result of from measles acquired during international travel.

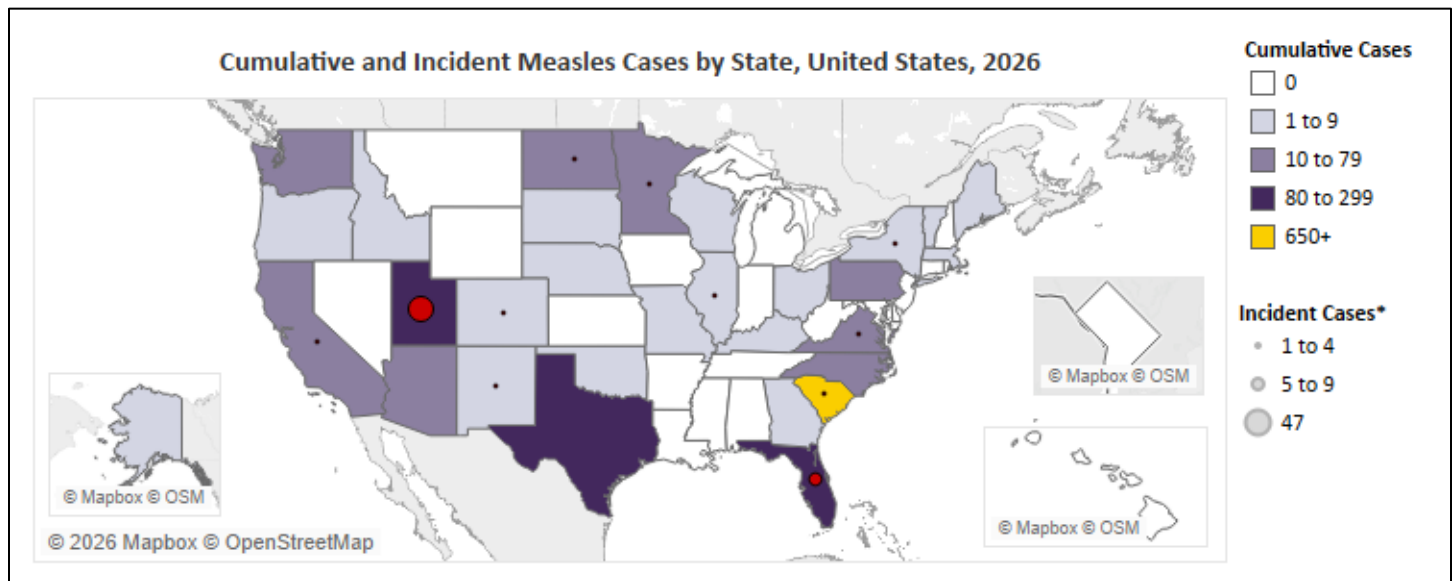


Figure Notes: Data as of March 12, 2026, and does not include cases reported among international visitors to the United States; \*Change in cumulative total compared to previous update.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers. A decrease in vaccination coverage among kindergartners and an [increase in parents delaying vaccination](#) among infants has been observed in the United States since the COVID-19 pandemic. The [Pan American Health Organization \(PAHO\)](#) had initially invited the United States to meet virtually in April to review their measles elimination status, a milestone achieved in 2000. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC).

Data Source: [CDC \(3/13/26\)](#)

## Meningitis

### United Kingdom – Outbreak Among University Students Reported in Kent:

On March 15, 2026, the [United Kingdom Health Security Agency \(UKHSA\)](#) reported that they were investigating several cases of invasive meningococcal disease. According to UKHSA data as of March 18, 2026, there have been a total of 15 confirmed cases of meningococcal disease, of which 6 have been confirmed to be group B (MenB), and 2 deaths reported in an ongoing outbreak centered in Kent. Additionally, there are currently 12 suspected cases under investigation. Confirmed cases linked to this outbreak have been reported among students at 4 schools in Kent along with a student from London. Investigations determined that several confirmed cases visited Club Chemistry in Canterbury prior to illness onset. A targeted MenB vaccination program is being introduced alongside preventive antibiotic treatment for those at increased risk of exposure, including Club Chemistry attendees from March 5-7 and approximately 5,000 students and staff at the University of Kent, to help control the outbreak and prevent illness – the MenB vaccine has been included on the routine childhood immunization schedule in the UK since 2015, therefore those aged ≥10 did not routinely receive it. The UKHSA assesses the risk of this outbreak to the general population to be low.

**Data Source:** [UKHSA \(3/19/26\)](#)

## Mpox

### Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries:

According to data from the [World Health Organization \(WHO\)](#) as of March 15, 2026, there have been a total of 64,254 confirmed mpox cases and 259 deaths reported in Africa since the beginning of 2024. Since the previous update, 313 confirmed incident cases and 2 deaths were reported. Confirmed incident cases were primarily reported in the Democratic Republic of the Congo (DRC) (142) and [Madagascar](#) (89).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,664	+10	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	36,668	+142	75	+0	0.2%
Ghana	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,153	+0	6	+0	0.3%
Kenya	Ib	1,058	+13	16	+2	1.7%
Liberia	IIa and IIb	1,637	+10	8	+0	0.5%
Madagascar	Ib	539	+89	1	+0	0.2%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,512	+14	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,577	+35	31	+0	1.2%
<b>Total</b>	<b>Ia, Ib, IIa, and IIb</b>	<b>64,254</b>	<b>+313</b>	<b>259</b>	<b>+2</b>	<b>0.4%</b>

*Table Notes: Data as of March 15, 2026, and includes confirmed cases only. †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).*

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the DRC, Uganda, Sierra Leone, Burundi, Guinea, and Liberia. Despite the situation in Africa no longer being considered a [Public Health Emergency of Continental Security \(PHECS\)](#) and a steep decline in the number confirmed incident cases reported, activity is still prevalent in Burundi, [Comoros](#), the DRC, [Ghana](#), Guinea, Kenya, Liberia, [Madagascar](#), Tanzania, and Zambia.

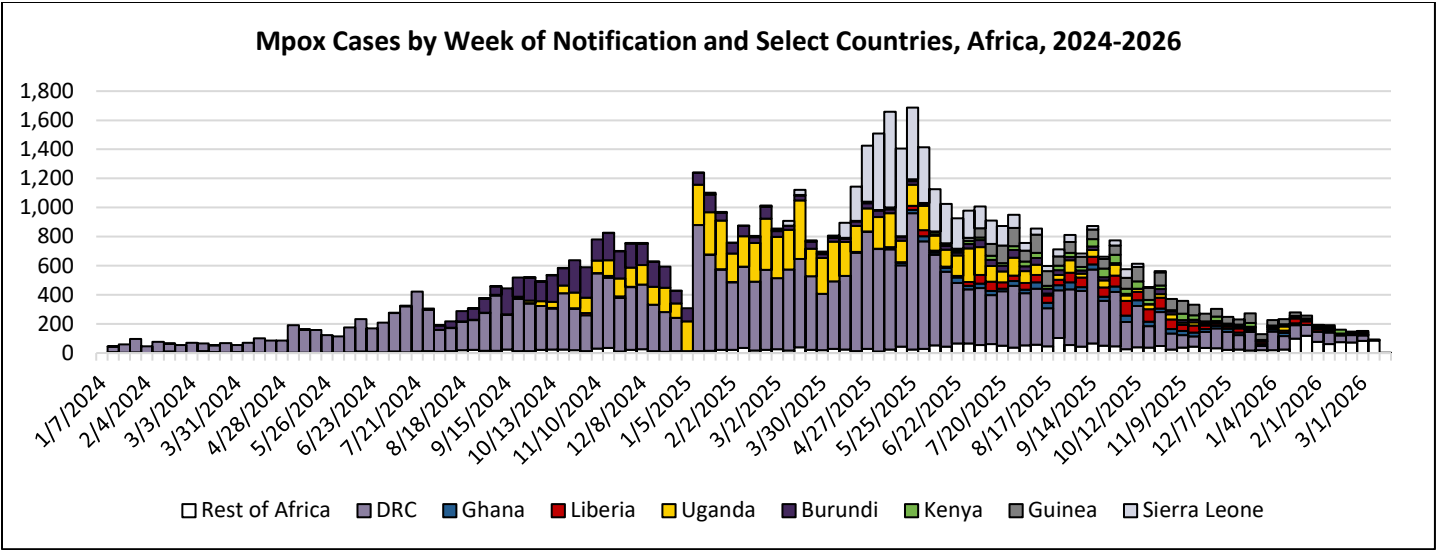


Figure Notes: Data as of March 15, 2026, and includes confirmed cases only; \*4,110 confirmed cases reported in the DRC are excluded.

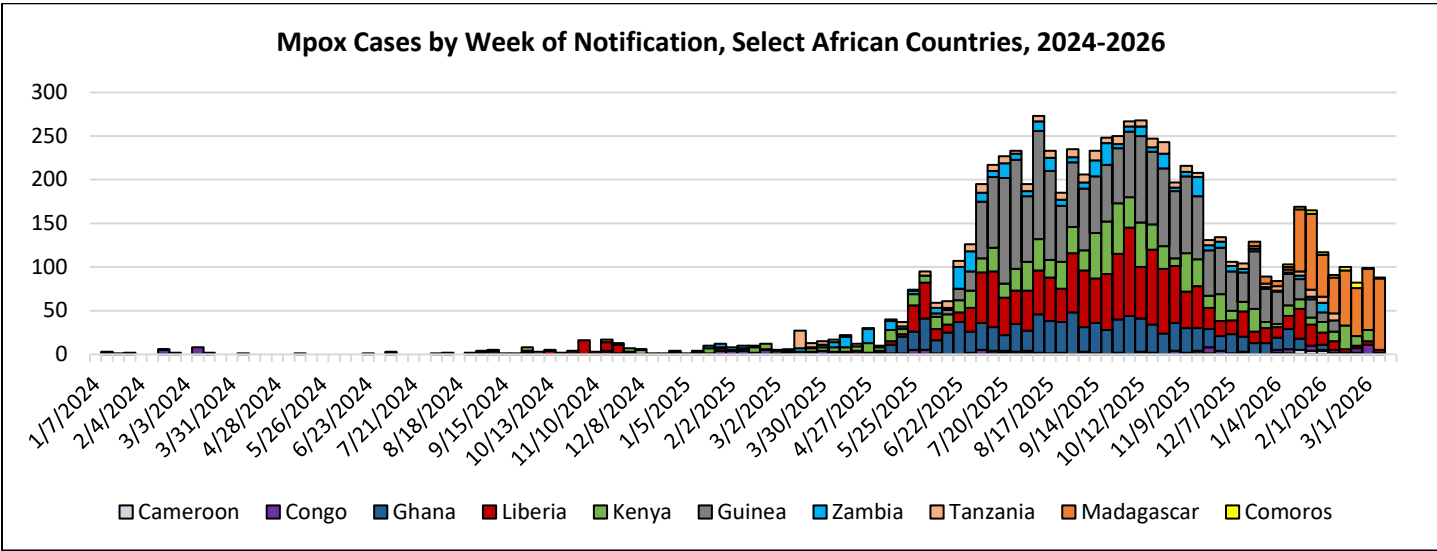


Figure Notes: Data as of March 15, 2026, and includes confirmed cases only.

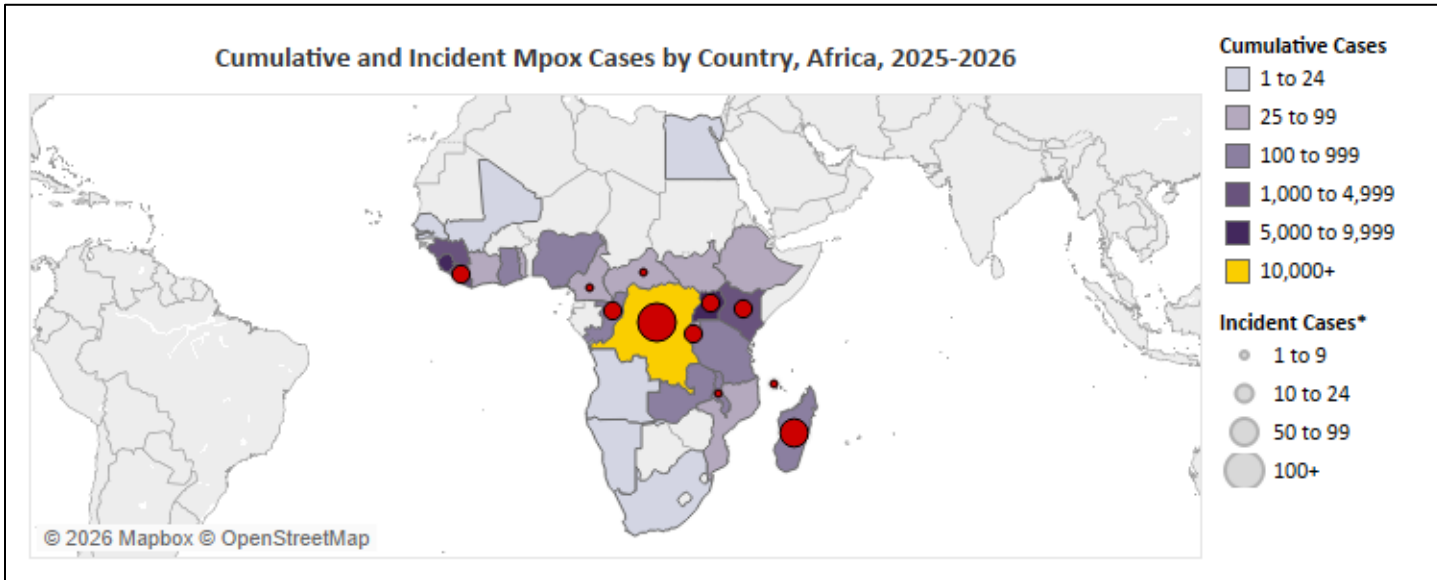


Figure Notes: Data as of March 15, 2026, and includes confirmed cases only; \*Change in cumulative total compared to previous update.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding clade II mpox in Ghana and Liberia. [Vaccination](#) is recommended for those traveling to countries with outbreaks and at risk for exposure. Confirmed case totals in Africa since the beginning of 2025 (46,309) have more than doubled totals for 2024 (17,945), with additional countries affected. Vaccination efforts are [ongoing](#) in many affected countries.

**Data Source:** [WHO \(3/16/26\)](#)

## Global (Outside of Africa) – Incident Travel Associated Clade I Cases Reported:

According to data from the [World Health Organization \(WHO\)](#) as of March 15, 2026, there have been a total of 136 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 3 incident travel associated clade Ia mpox cases were reported in India (2) and Sweden (1), and 8 incident travel associated clade Ib mpox cases were reported in [Canada](#) (1), Greece (1), and the United Kingdom (6). Countries of exposure reported among these incident travel associated cases include Germany (4), France, Vietnam, Spain, Ireland, the Netherlands, and the United Arab Emirates (UAE). Additionally, 8 secondary cases linked to these incident travel associated cases were reported in [Canada](#) (1), India (1), and Sweden (6).

Travel Associated Clade I Mpox Cases, Global (Outside of Africa), 2024-2026			
Travel Associated Clade I Cases		Linked Secondary Clade I Cases	
Cumulative	Incident†	Cumulative	Incident†
136	+11	50	+8

Table Notes: Data as of March 15, 2026; †Change in cumulative total compared to previous update.

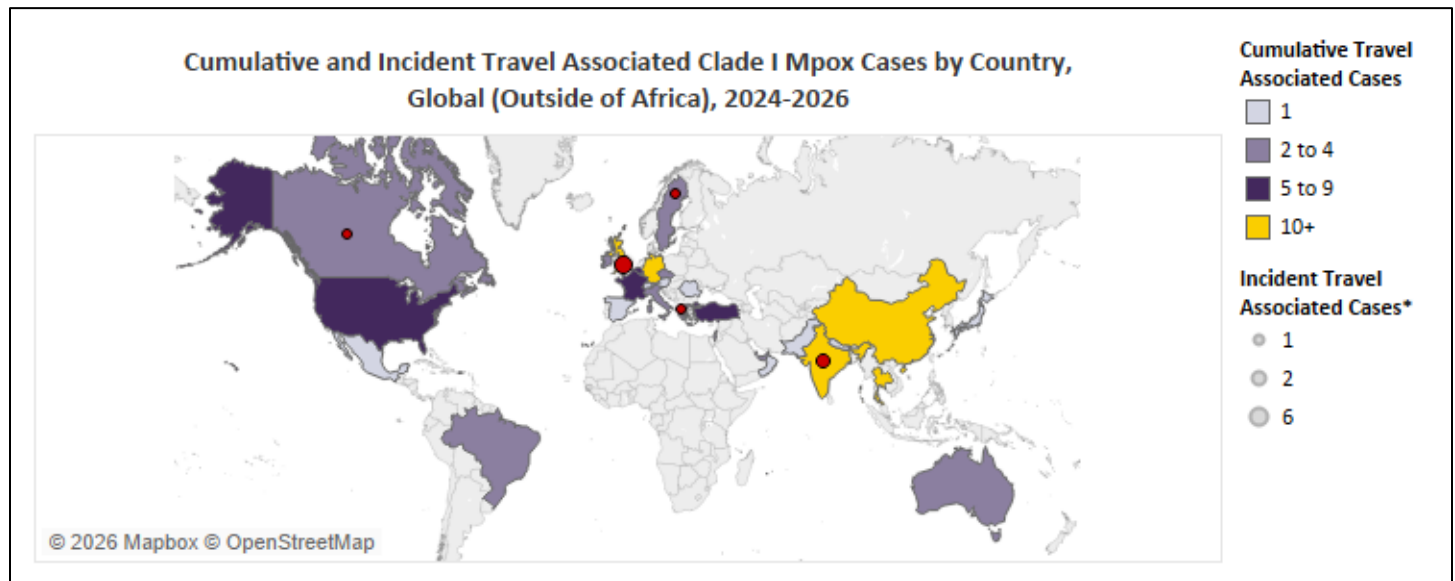


Figure Notes: Data as of March 15, 2026, and does not include linked secondary cases or clade I cases not determined to be travel associated; \*Change in cumulative total compared to previous update.

Subclade of travel associated cases reported since the beginning of 2024 is distributed as follows: 127 clade Ib, 7 clade Ia, and [2 recombinant clade Ib/IIb](#). Recombinant clade Ib/IIb mpox cases have only been reported in the United Kingdom and India among individuals with travel history to South-East Asia and the Arabian Peninsula, respectively, and neither patient experienced severe outcomes. Given the time between illness onset of both cases (several weeks) there may be additional recombinant clade Ib/IIb cases that have not yet been detected/reported. Travel associated clade I cases (not including secondary cases) have been reported by 32 countries outside of Africa, primarily the United Kingdom (25), India (13), China (11), Germany (11), Thailand (10), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20) and Sweden (6).

### Transmission Status of Clade I<sub>b</sub> Mpox by Country, Global, Past 6 Weeks

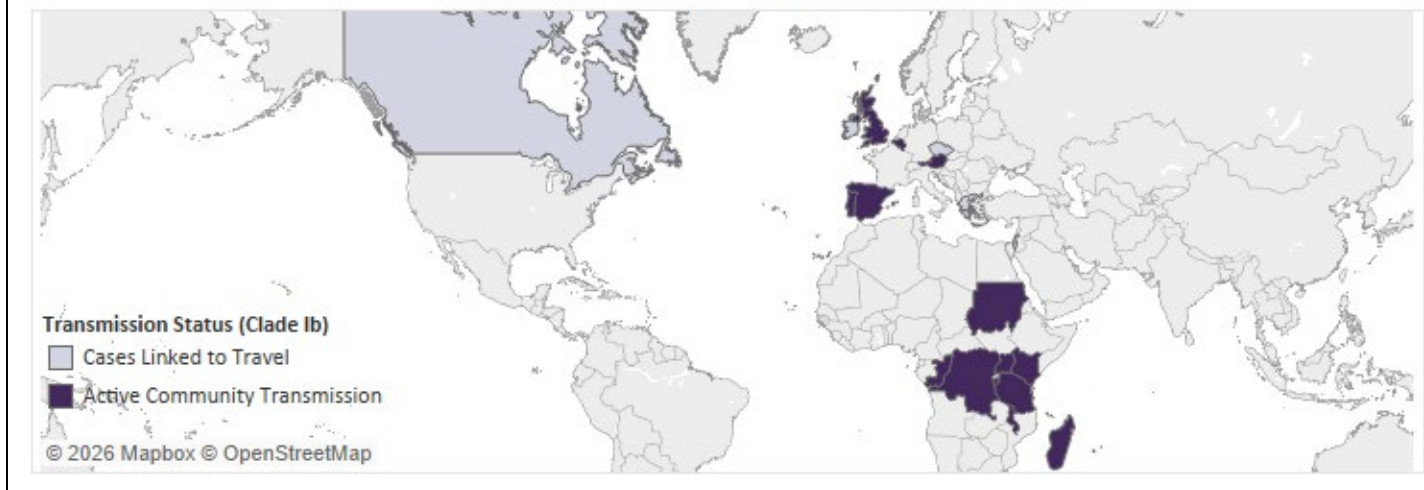


Figure Notes: Data as of March 15, 2026, and only includes countries with clade I<sub>b</sub> cases reported in the past 6 weeks.

Since September 2025, [broader transmission of clade I<sub>b</sub> mpox](#) has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the [European Center for Disease Prevention and Control \(ECDC\)](#) as of mid-March, the number of clade I cases reported monthly in European Union (EU) and European Economic Area (EEA) countries decreased in February (60 cases) following an increase observed during January (85 cases) – 264 clade I mpox cases have been reported since August 2024. While community transmission of clade I mpox has not been confirmed in the UAE, many travel associated cases reported in other countries have been among individuals returning from the UAE, indicating likely community transmission. [Vaccination](#) is recommended for those traveling to countries with outbreaks and at risk for exposure.

### ***Incident Travel Associated Clade I Mpox Case Reported in the United States***

While not yet included in data above from the WHO, on March 13, 2026, the [New York City Health Department \(NYC Health\)](#) reported a travel associated clade I mpox case among an individual that recently traveled to Europe. Including this case, there have been a total of 12 clade I mpox cases reported in the United States since November 2024, most of which have been reported among individuals with recent travel history to Central and Eastern Africa. This is the first clade I mpox case reported in New York City and the second clade I mpox case reported in New York State (NYS) – the previous case was reported in [February 2025](#) among an individual returning from Africa. There is currently no known local transmission of clade I mpox in NYS or the United States.

**Data Sources:** [WHO \(3/16/26\)](#), [ECDC \(3/13/26\)](#), [NYC Health \(3/13/26\)](#)

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## New World Screwworm

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### **Mexico – Increasing Number of Active Animal Cases in Tamaulipas:**

According to data from the [Secretary of Agriculture of Mexico](#) as of March 18, 2026, there have been a total of 18,017 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,214 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#), as of February 28, 2026, there have been a total of 180 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 666 incident cases among animals were reported.

New World Screwworm Cases by Species, Mexico, 2024-2026					
Animal Cases				Confirmed Human Cases	
Cumulative	Incident†	Active	Active Change	Cumulative	Incident†
18,017	+666	1,214	+120	180	+0

Figure Notes: Data for cases reported among animals as of March 18, 2026, and data for cases reported among humans of February 28, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have primarily been reported in Chiapas (6,155), Oaxaca (3,056), Veracruz (2,742), Yucatan (1,774), and Tabasco (1,172). Confirmed NWS cases among humans have primarily been reported in Chiapas (113), Yucatan (20), and Oaxaca (14). The current NWS outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico. Collectively as of [March 18, 2026](#), there have been over 161,400 NWS cases reported among animals and over 1,560 NWS cases reported among humans in Central America and Mexico.

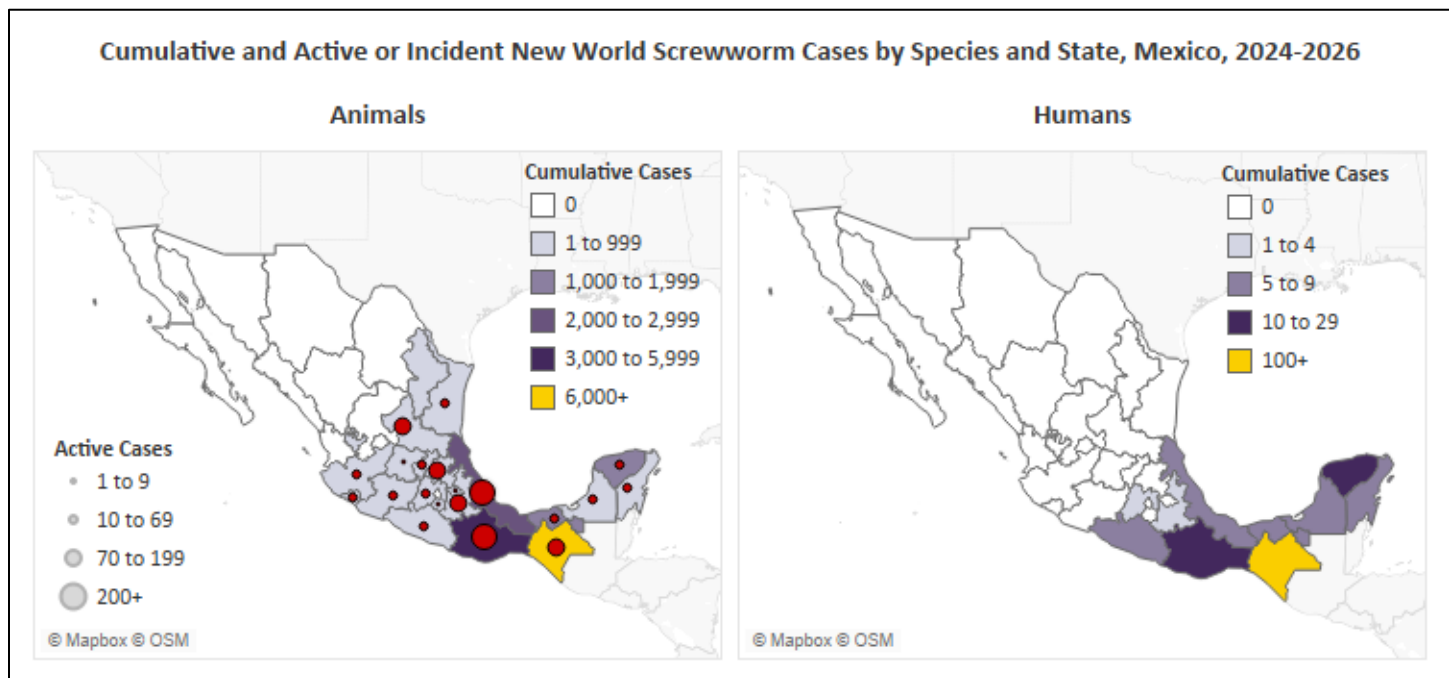


Figure Notes: Data for cases reported among animals as of March 10, 2026, and data for cases reported among humans as of February 28, 2026.

The United States CDC issued a [Health Advisory](#) in January regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas where there are currently 34 active NWS cases among animals (an increase of 11 compared to the prior week), to increase awareness given the potential for geographic spread. NWS was detected in a Florida import facility among a [horse imported from Argentina](#) that was immediately quarantined and treated – there has been no detection of NWS outside of the quarantine facility. NWS has [not been reported among animals](#) or humans in the United States except for a single [travel associated case](#) among an individual returning from El Salvador.

**Data Sources:** [Secretary of Agriculture \(3/18/26\)](#), [Secretary of Health \(3/10/26\)](#), [CDC \(3/11/26\)](#)

## Non-Seasonal Influenza

### Cambodia – Incident Human Case Reported in Banteay Meanchey Province (H5N1):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#), as of March 14, there have been 2 influenza A(H5N1) cases reported among humans in Cambodia during 2026. Since the previous update, 1 incident human H5N1 case was reported among a 45-year-old female in the Preah Netr Preah district of Banteay Meanchey province. The case was [exposed to sick and dead poultry](#) prior to illness onset, hospitalized upon seeking medical care, and treated with Tamiflu.

Human Avian Influenza Type A(H5N1) Cases and Deaths, Cambodia, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
2	+1	0	+0	0.0%

Table Notes: Data as March 14, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

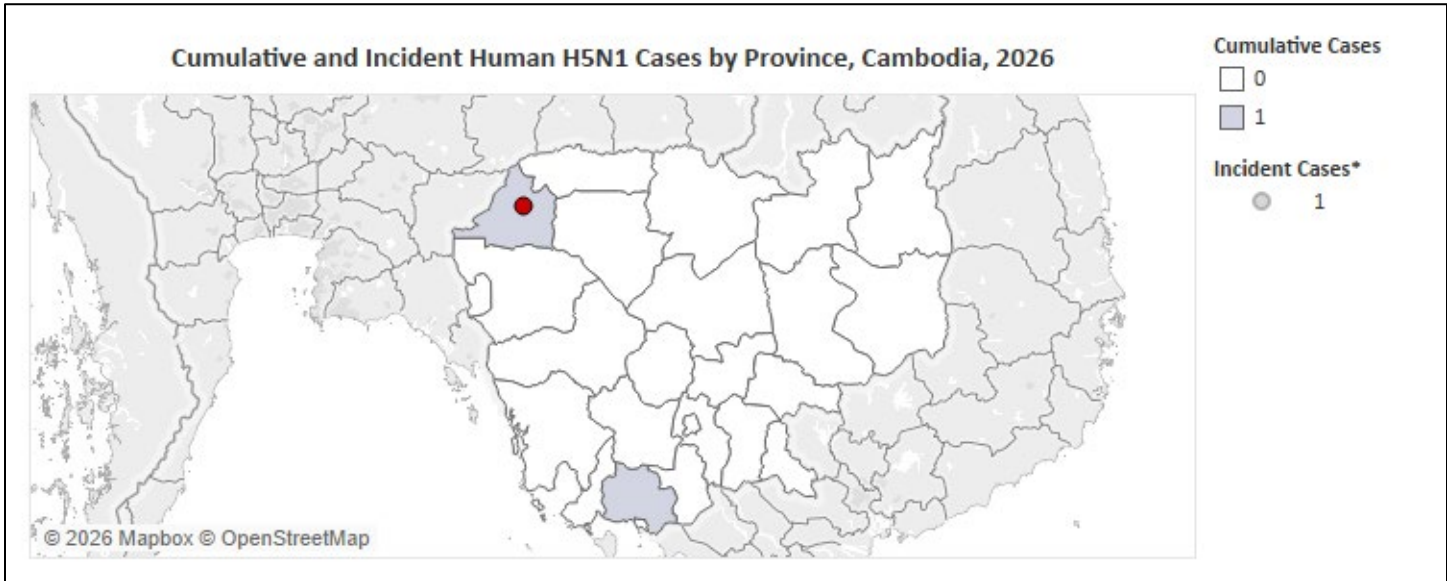


Figure Notes: Data as of March 14, 2026; \*Change in cumulative total compared to previous update.

After a period with no human H5N1 cases reported from 2015-2022, there has been a [rise in the number of human H5N1 cases reported](#) annually in Cambodia. During 2025, there were 18 human H5N1 cases and 9 deaths (CFR: 50%) reported, almost all of which were exposed to domestic birds or poultry prior to illness onset. Most recent human cases in Cambodia with known clade have been caused by influenza A(H5N1) clade 2.3.2.1e. Since November 2003, there have been 92 human H5N1 cases and 52 deaths (CFR: 57%) reported in Cambodia.

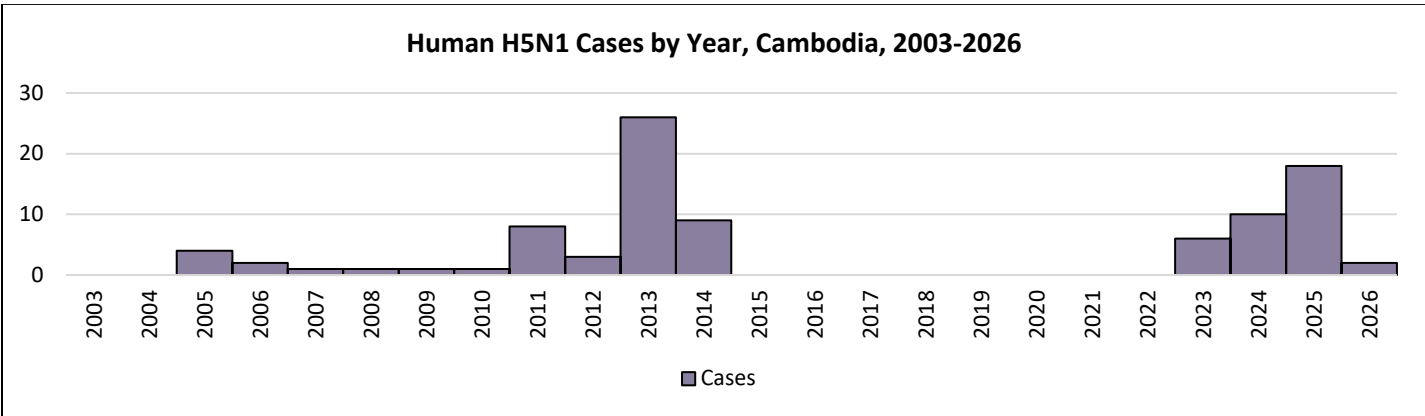


Figure Notes: Data as of March 14, 2026.

Data Sources: [HKCHP \(3/16/26\)](#)

### United States – Updated Data on Poultry Flock Detections (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of March 17, 2026, there have been a total of 2,158 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. In the past 30 days, a total of 86 confirmed HPAI detections have been reported.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
48	38	0	0	0	392	34

Table Notes: Data as of March 17, 2026; The number of detections reported in the past 30 days are based on date of detection/confirmation rather than date of sample collection; \*New HPAI detections among previously unaffected herds only.

In the past 30 days, HPAI has been detected among poultry flocks in 21 states, primarily [Indiana](#) (25) and [Pennsylvania](#) (16), which is experiencing its most severe outbreak since the 1980s. Detections increased during 2025 from September (29) to November (96) before decreasing slightly in December (82). During 2026, detections have held stable in January (62) and February (63), and there have been 47 detections reported so far during March. Similar trends have been observed during recent years in the [United States](#) and [globally](#). In January, the New York State (NYS) Department of Environmental Conservation reminded New Yorkers to [stay alert for HPAI](#) and avoid contact with sick or dead birds and mammals that may be infected. As of March 12, 2026, there have been [78 poultry flock detections](#) reported in NYS. Recently the [California Department of Public Health \(CDPH\)](#) urged the public to avoid sick or dead marine mammals and birds along the coast after HPAI was confirmed among [northern elephant seal pups](#) in San Mateo County for the first time.

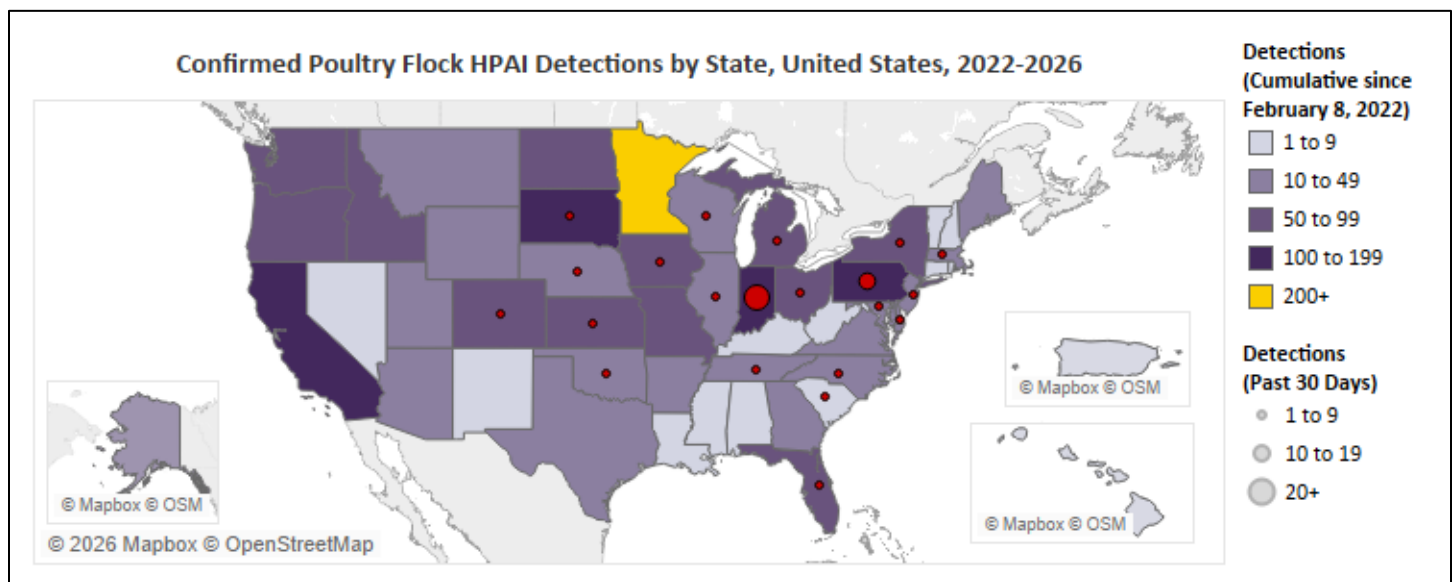


Figure Notes: Data as of March 17, 2026.

According to data from the [United States CDC](#), as of March 6, 2026, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths ([1](#), [2](#)), and 7 probable H5 cases reported among humans since the beginning of 2024. The [most recent human case](#), and first ever human H5N5 case globally, was reported during November 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. According to the United States CDC, the current risk to public health is low and person-to-person transmission has not been documented. HPAI continues to be detected [wild birds](#), and other [mammals](#), while detections among [livestock](#) (primarily [dairy cattle](#)) have not been reported during 2026. Since [2022](#), 21 countries in the Americas have reported over 5,700 H5N1 outbreaks in diverse bird and animal species, and 5 countries have reported a cumulative total of 75 human H5N1 cases, including 2 deaths (both caused by the [D1.1 strain](#)).

**Data Sources:** [USDA \(3/19/26\)](#), [CDC \(3/6/26\)](#)

## Pertussis

### United States – Approximately 70% Fewer Cases in 2026 Compared to 2025:

According to provisional data from the [United States CDC](#) as of March 14, there have been a total of 2,368 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 221 incident cases were reported, of which 80 reported symptom onset during the most recent epidemiological week, a 15% decrease compared to the prior week. Case totals for 2026 are currently much lower (~70%) overall compared to case totals for 2025 as of the same date.

Pertussis Cases by Reporting Area with Prior Year Comparison, United States, 2025-2026				
Reporting Area	Cases			
	Current Week	Cumulative (2026)	Cumulative (2025)	Ratio (2026/2025)
New England	1	60	142	0.4
Middle Atlantic	13	201	550	0.4
East North Central	9	327	1,521	0.2
West North Central	2	60	1,051	0.1
South Atlantic	13	296	860	0.3
East South Central	7	238	619	0.4
West South Central	3	257	938	0.3
Mountain	18	361	1,225	0.3
Pacific	14	555	1,737	0.3
United States Territories	0	13	33	0.4
<b>Total</b>	<b>80</b>	<b>2,368</b>	<b>8,676</b>	<b>0.3</b>

Table Notes: Data as of March 14, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic region.

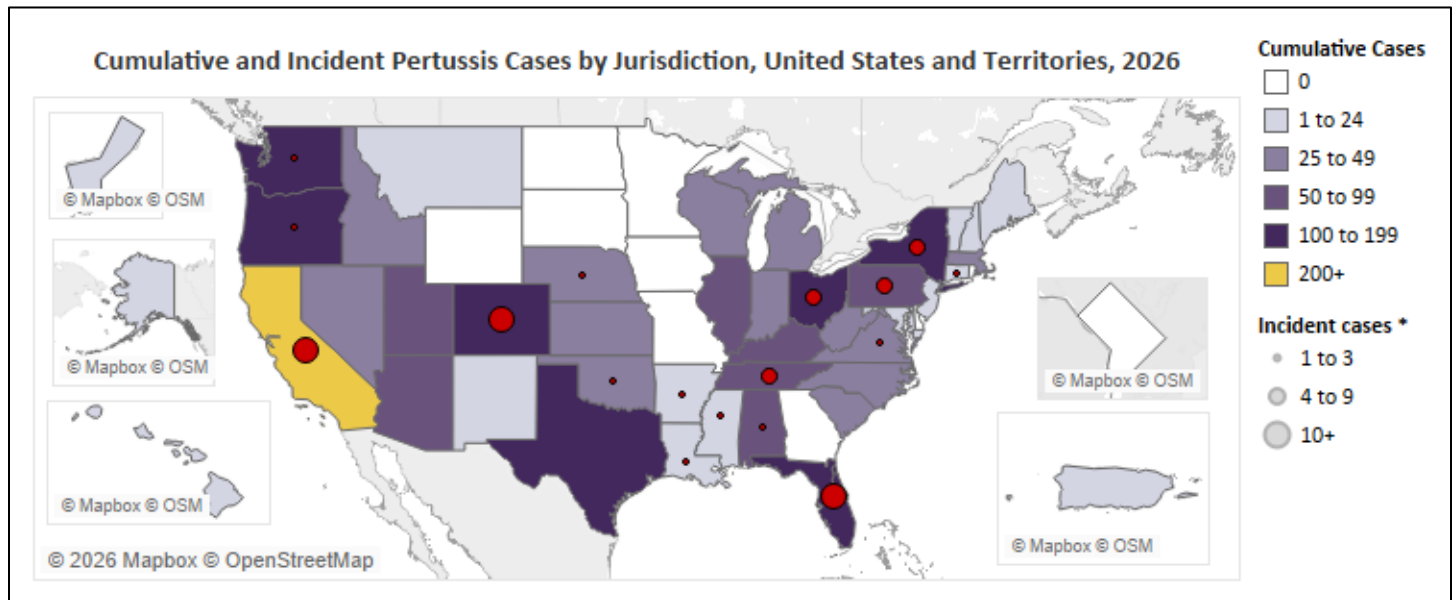


Figure Notes: Data as of March 14, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Mariana Islands did not report any cases during 2025-2026 and are not included in figure; \*Incident cases reported symptom onset during the most recent epidemiological week.

During 2024-2025, reported pertussis cases increased across the country and remained elevated compared to before the COVID-19 pandemic; however, cases have been trending downward since peaking in November 2024. From 2016-2019, an average of 17,793 cases were reported annually. From 2020-2023, an average of 4,587 cases were reported annually.

According to provisional CDC reports for 2024-2025, among United States residents and residents of United States Territories, there were 35,435 cases and 10 deaths (6 among those aged <1 year) reported during [2024](#), and 28,783 cases and 16 deaths (10 among those aged <1 year) reported during [2025](#). [Vaccination](#) is the best way to protect against pertussis. Last year, the [Pan American Health Organization \(PAHO\)](#) reiterated the importance of increasing vaccination coverage and strengthening surveillance systems considering the resurgence of pertussis in the Americas and the emergence of antibiotic-resistant strains.

**Data Sources:** [CDC \(3/18/26\)](#), [CDC \(12/2/25\)](#)

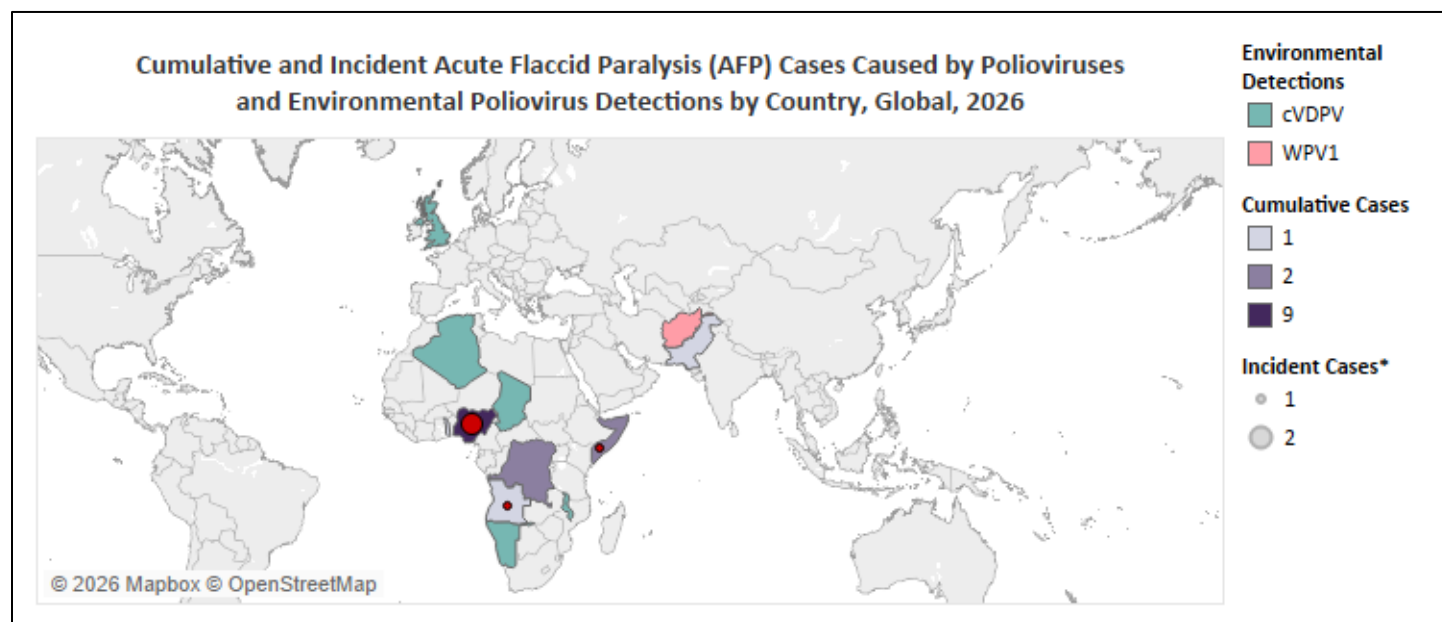
## Polio

### Global – Incident AFP Cases (cVDPV2) Reported in Multiple African Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of March 16, 2026, there have been 1 acute flaccid paralysis (AFP) case caused by wild poliovirus type 1 (WPV1), 15 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 2 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 4 incident AFP cases caused by cVDPV2 were reported in Nigeria (2), Angola (1), and Somalia (1), and environmental detections were reported for the first this year in Afghanistan (WPV1) and Chad (cVDPV2).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
1	+0	0	+0	15	+4	2	+0

*Table Notes: Data as of March 16, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.*



*Figure Notes: Data as of March 16, 2026, and only includes AFP cases with onset of paralysis or environmental detection samples collected during 2026; \*Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 6 countries: Angola (1 – cVDPV2), the Democratic Republic of the Congo (DRC) (2 – cVDPV2), Nigeria (9 – cVDPV2; 2 – cVDPV3), [Pakistan](#) (1 – WPV1), Somalia (2 – cVDPV2), and [Togo](#) (1 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported by Afghanistan (5 – WPV1), Algeria (2 – cVDPV2), Chad (1 – cVDPV2),

Malawi (3 – cVDPV2), Namibia (2 – cVDPV2), and the United Kingdom (1 – cVDPV2), suggesting undetected transmission was occurring this year at some point in these countries.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding polio globally. [Vaccination](#) is the best way to protect against polio. A total of 52 AFP cases caused by WPV1, 3 AFP cases caused by cVDPV1, 217 AFP cases caused by cVDPV2, and 13 AFP cases caused by cVDPV3, have been reported with onset of paralysis during 2025.

**Data Sources:** [GPEI - WPV \(3/16/26\)](#), [GPEI - cVDPV \(3/16/26\)](#)

## Seasonal Influenza

### United States – Almost 1 in 4 New Infections Now Caused by Influenza B:

According to data from the [United States CDC](#) as of March 7, 2026, there have been an estimated total of 27 million infections, 350,000 hospitalizations, and 22,000 deaths from seasonal influenza during the 2025-2026 season so far. There have been a total of 101 pediatric deaths reported, of which 11 were reported during the most recent week – approximately 85% of those deaths have been among children who were eligible but not fully vaccinated against influenza. Influenza-like illness activity remains elevated nationally but decreased during the most recent week in many regions. The severity of the 2025-2026 season is currently classified as a [moderate](#) overall, but high among the pediatric age group (0-17 years) when examining by age. [Seasonal vaccination](#) is recommended for everyone aged ≥6 months, with rare exception.

Influenza Surveillance Metrics, United States, 2025-2026 Season				
Estimated			Pediatric Deaths	
Infections	Hospitalizations	Deaths	Cumulative	Incident†
27 Million	350,000	22,000	101	+11

Table Notes: Data as of March 7, 2026; †Change in cumulative total compared to previous update.

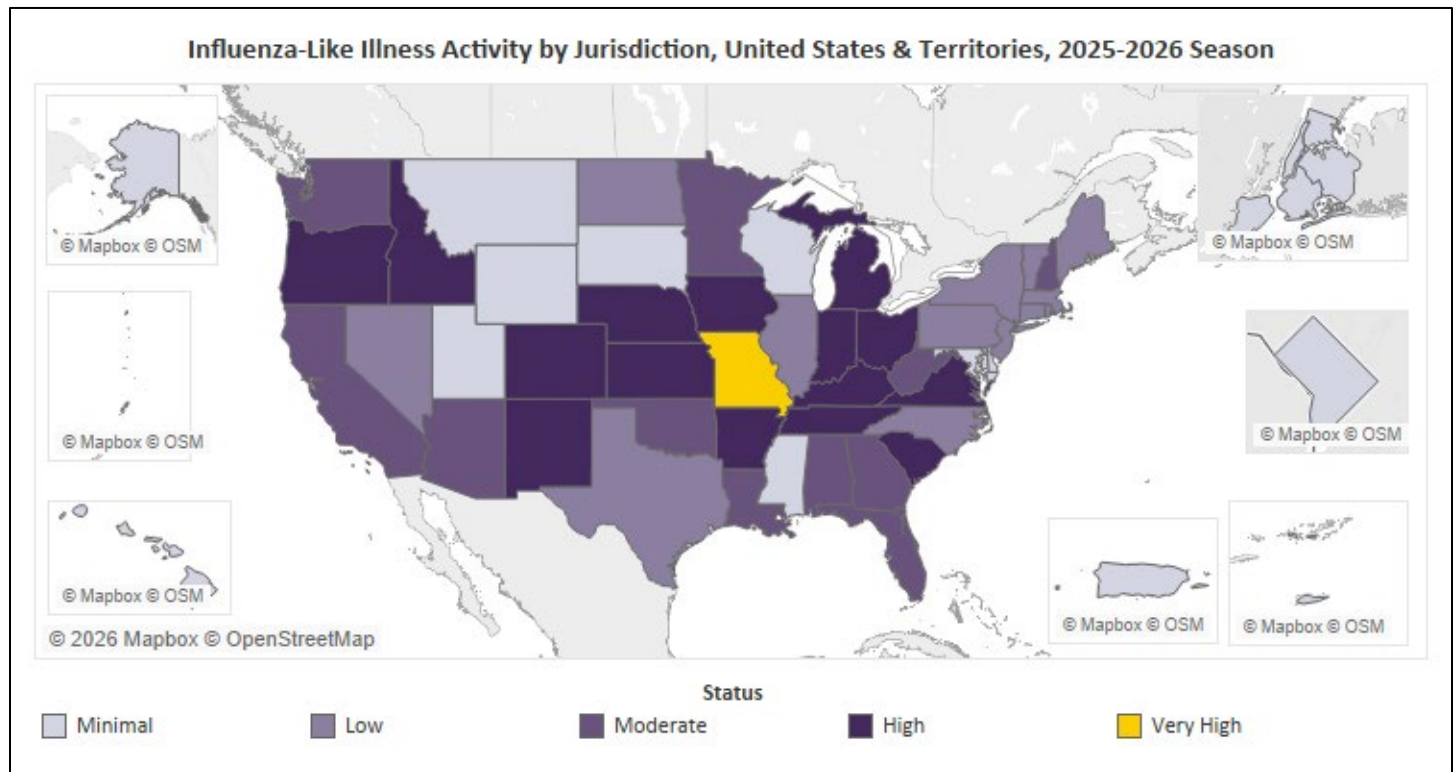


Figure Notes: Data as of March 7, 2026, and depicts influenza-like illness activity during the most recent epidemiological week.

According to data from the Outpatient Influenza-like Illness Surveillance Network (ILINET), current influenza activity is categorized as minimal or low in 28 jurisdictions, moderate in 11 jurisdictions, and high or very high in 16 jurisdictions. The New York State Department of Health maintains the [NYS Flu Tracker](#) and publishes a weekly [Respiratory Surveillance Report](#) with influenza surveillance data specific for New York. During the week ending March 7, 2026, confirmed cases increased by 13% and hospitalizations decreased by 16% compared to the prior week.

According to data from Influenza Hospitalization Surveillance Network (FluSurv-NET) member states (14), as of March 7, 2026, the cumulative hospitalization rate among laboratory-confirmed influenza cases for the 2025-2026 season is 78.2 per 100,000 population – the third highest cumulative hospitalization rate observed at this time since the [2010-2011](#) season. Cumulative rates are currently highest among those aged ≥65 years (256.9), children aged ≤4 years (82.4), especially those aged <1 year (129.3), non-Hispanic Black persons (age-adjusted 133.8), and American Indian or Alaska Native persons (age-adjusted 81.5). The hospitalization rate during the most recent week was 1.4 per 100,000 population (but likely ranges from 1.9-2.5 per 100,000), a decrease compared to the prior week.

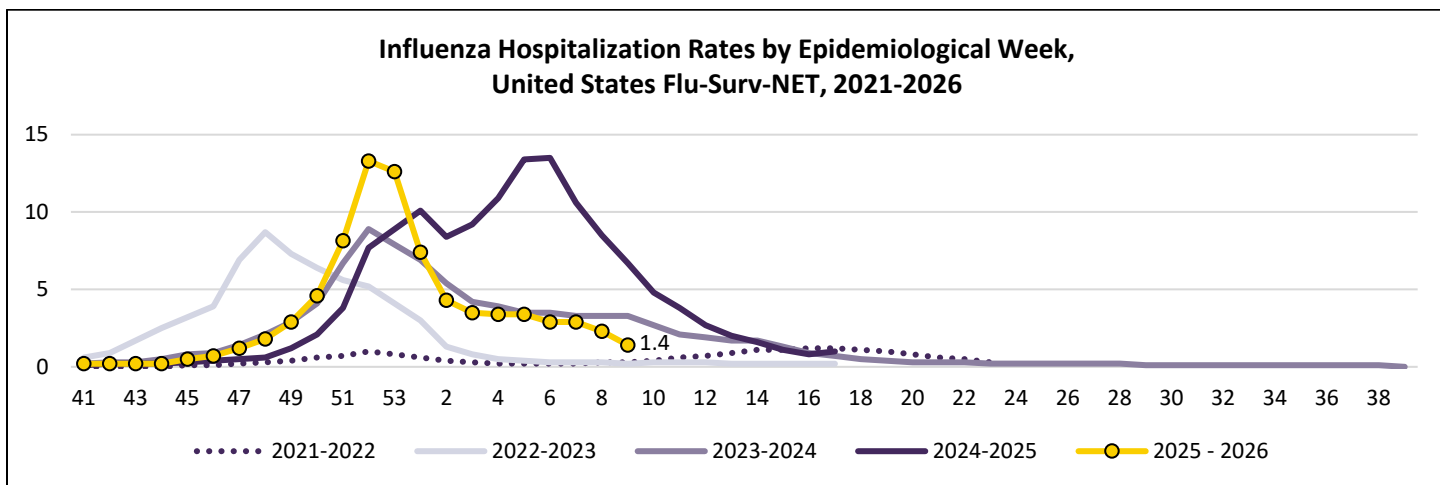


Figure Notes: Data as of March 7, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

According to data from the National Center for Health Statistics (NCHS), the percentage of all deaths that occurred due to influenza during the most recent week was 0.52%, a decrease compared to the prior week.

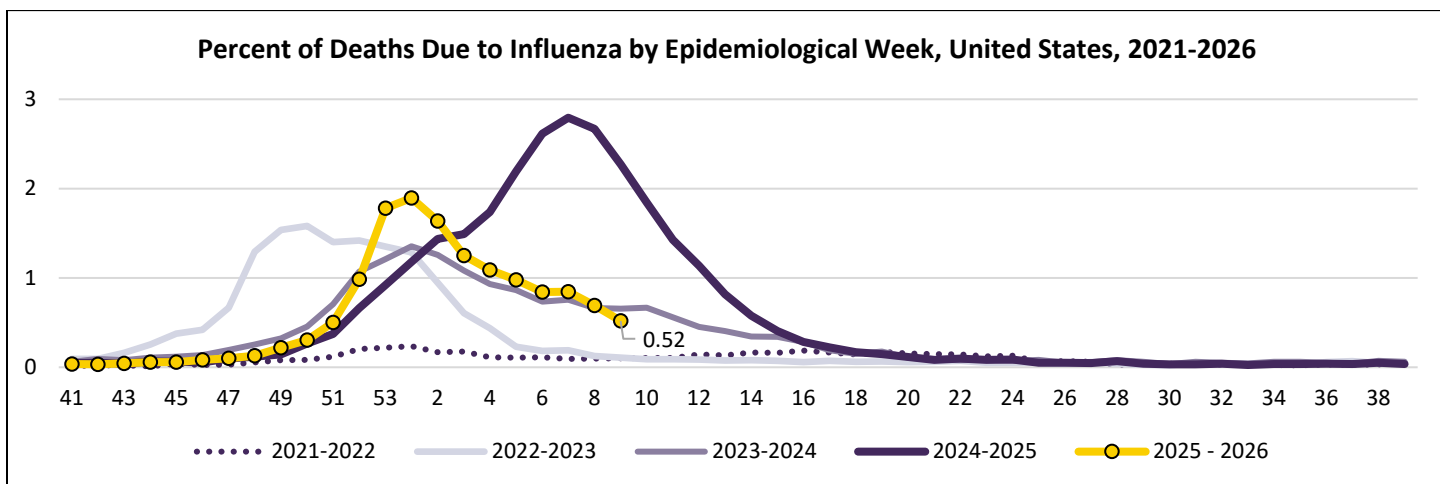


Figure Notes: Data as of March 7, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

Among influenza positive samples collected during this season, 79.5% have been influenza A and 20.5% have been influenza B – there has been a recent rise in the proportion of influenza B detected, with 72.8% of influenza positive samples taken during the most recent week being influenza B. Influenza A(H3N2) has been detected most frequently

among subtyped influenza A positive samples this season (87.9%), including 80.5% of samples taken during the most recent week. Among influenza A(H3N2) positive samples that have been genetically characterized, 92.6% have been subclade K.

According to data from the [United States CDC](#), the 2024-2025 influenza season was classified as a high severity season overall with an estimated 51 million infections, 710,000 hospitalizations, and 45,000 deaths. Additionally, the 2024-2025 influenza season saw the highest number of pediatric deaths ([293](#)) reported since they became nationally notifiable. Among a subset of those deaths (208), [89% were not fully vaccinated](#) against influenza.

Data Source: [CDC \(3/13/26\)](#)

## Yellow Fever

### The Americas – United States CDC Issues Travel Health Notice for Venezuela:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of March 17, there have been a total of 39 confirmed yellow fever cases and 17 deaths reported in the Americas during 2026. Since the previous update, 3 confirmed incident cases and 2 deaths were reported in Colombia.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
39	+3	17	+2	43.6%

Table Notes: Data as of March 12, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

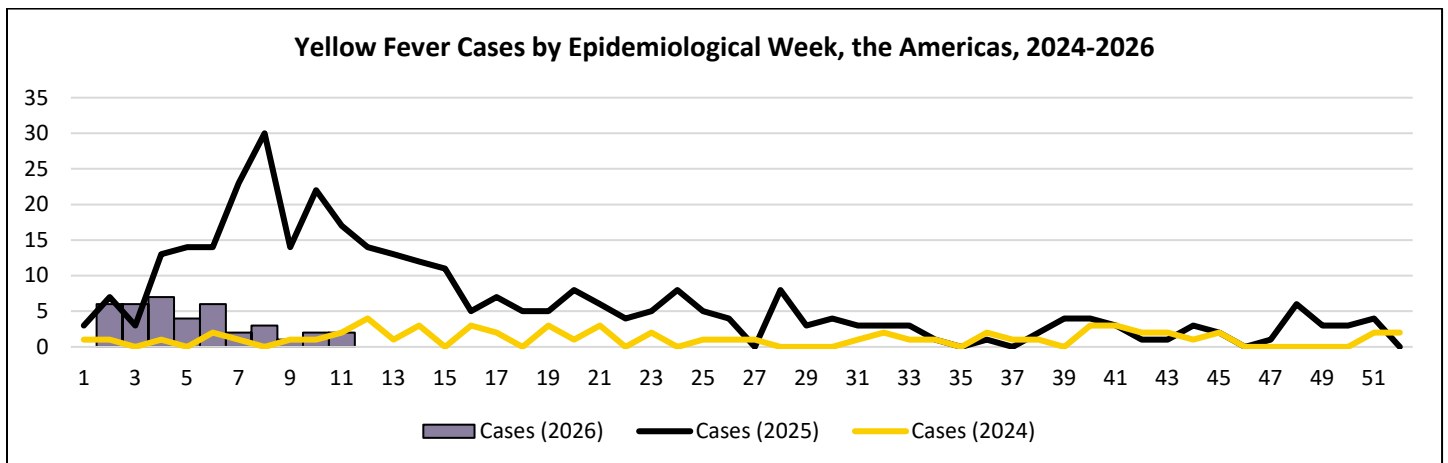


Figure Notes: Data as of March 12, 2026; Several cases reported by Colombia (7) and Ecuador (4) during 2025 missing from figure.

During 2026, confirmed cases have been reported by Colombia (30), Venezuela (6), Peru (2), and Bolivia (1). Tolima, Colombia, has been particularly affected, accounting for all cases reported in Colombia and all but 2 of the deaths reported in the Americas during 2026. According to a recent [PAHO epidemiological alert](#), since September 2024, yellow fever cases have been reported in areas with no history of transmission, including areas outside the Amazon region. Based on recent regional trends observed during the end of 2025 and the beginning of 2026, [Venezuela](#) has initiated a vaccination campaign focusing on several states previously considered low risk for infection and individuals never vaccinated against yellow fever.

The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding yellow fever in [Colombia](#) and recently issued the same for [Venezuela](#). [Vaccination](#) is recommended for those aged ≥9 months that are traveling to or living in areas at risk for yellow fever. A total of 346 confirmed yellow fever cases and 148 deaths (CFR: 42.8%) were reported by 7 countries in the Americas during 2025 – a [5.6-fold increase](#) compared to 2024: Brazil (120 cases, 47 fatal), Colombia (125 cases, 51 fatal – a [5-fold increase](#) compared to 2024), Peru (49 cases, 19 fatal), Venezuela (32 cases, 19 fatal), Ecuador (11 cases, 8 fatal), Bolivia (8 cases, 2 fatal), and Guyana (1 fatal case).

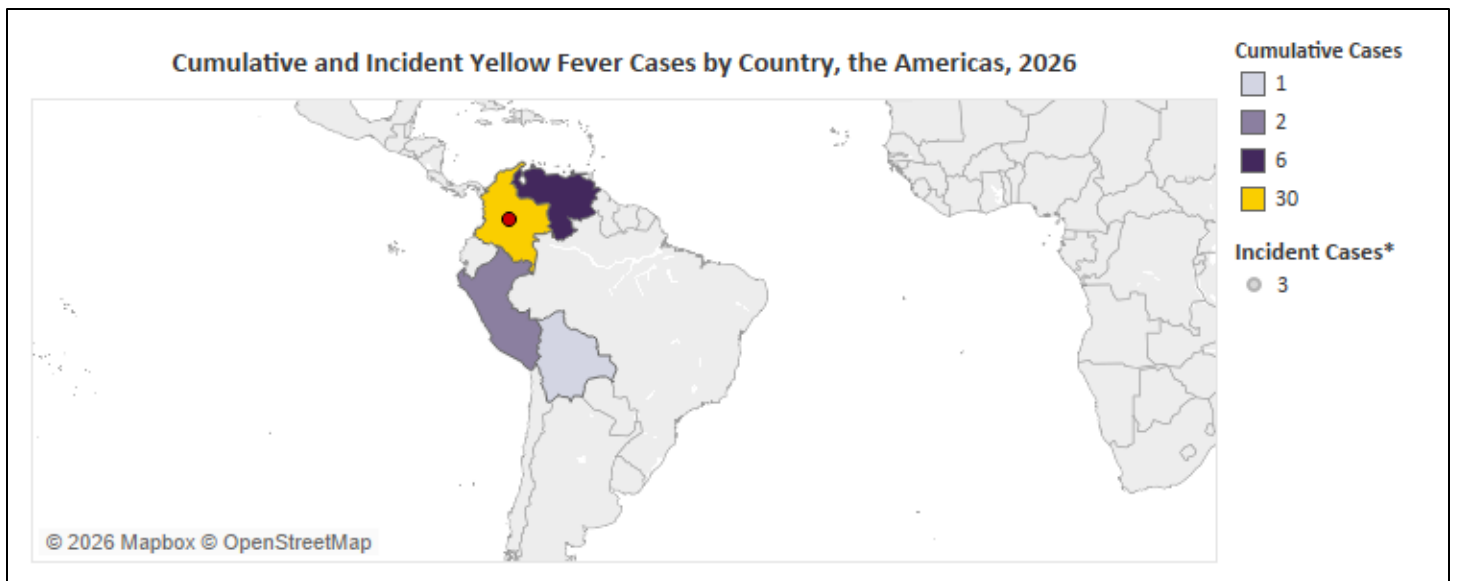


Figure Notes: Data as of March 12, 2026; \*Change in cumulative total compared to previous update.

Data Source: [PAHO \(3/12/26\)](#)

## Other Outbreaks, News, and Events

### Other Outbreaks (2026):

#### Chikungunya

- United States – Second Locally Acquired Case of 2025 Reported in Florida ([January 22](#))
- Sri Lanka – Updated Information on Trends During Largest Outbreak in 16 Years ([January 8](#))

#### Diphtheria

- Guinea – Initial Data for 2026; Active Level 2 Travel Health Notice Posted ([February 12](#))
- Nigeria – Initial 2026 Trends Lower Compared to Previous Years ([February 5](#))

#### Ebola

- Democratic Republic of the Congo – Suspected Cases and Deaths Reported ([March 12](#))

#### Marburg

- Ethiopia – Outbreak Declared Over Following Rapid Containment ([January 29](#))

#### Measles

- Europe – Measles Transmission Re-Established in Several Countries ([February 5](#))

#### Nipah

- Bangladesh – Fatal Confirmed Case Reported Among Female in Rajshahi Division ([February 12](#))
- India – Confirmed Cases Reported Among Nurses in West Bengal State ([February 5](#))

#### Non-Seasonal Influenza

- Spain – Catalonia Reports Confirmed Variant Influenza A Virus Case (H1N1v) ([March 5](#))
- China – Incident Human Cases Reported in Multiple Provinces (H9N2 & H10N3) ([February 12](#))

## Salmonella

- United States – New Multistate Outbreak Linked to Moringa Powder Capsules ([February 19](#))
- United States – Update on Multistate Outbreak Linked to Supplement Powders ([January 29](#))

## Other Active CDC Travel Health Notices:

- [Diphtheria in Nigeria - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Guinea - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Oropouche in the Americas - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rabies in India - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rabies in Morocco - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [East African Sleeping Sickness in Zambia and Zimbabwe - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [A Strain of Multidrug-Resistant Salmonella Newport in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

## Other Global Health News and Events:

- [FDA approves use of RSV vaccine in at-risk younger adults | CIDRAP](#)
- [Quick takes: Public health cuts in blue states blocked, new polio cases, Global Fund shortfall | CIDRAP](#)
- [Rift Valley fever outbreak in Fatick Region, Senegal, controlled, with 39 cases and three deaths reported during the 2025 national outbreak - BEACON](#)
- [Federal judge blocks Kennedy's changes to childhood vaccine policy | CIDRAP](#)
- [Vaccine lawsuit against Kennedy could reach Supreme Court | CIDRAP](#)
- [Three cases of foodborne botulism reported in Arizona, USA, linked to homemade fermented swordfish - BEACON](#)
- [The State of US Vaccine Policy: Special Edition — Mar 17, 2026 | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 569](#)
- [Anguilla reports first autochthonous human West Nile virus \(WNV\) case - BEACON](#)
- [Dengue Outbreak Doesn't Slow Vacationing in The Maldives in 2026 — Vax-Before-Travel](#)
- [Follow-up report: Cholera outbreak in Mozambique exceeds 7000 cases, with 82 deaths across multiple provinces - BEACON](#)
- [Trust in federal government drops when it comes to childhood vaccines, poll suggests | CIDRAP](#)
- [CDC says investigation into Salmonella outbreak linked to moringa leaf powder is over | CIDRAP](#)
- [Six in 10 US foodborne illnesses in 2024 linked to contaminated produce, annual report reveals | CIDRAP](#)
- [Reimagining global health architecture: the way forward to ensure global health security - ScienceDirect](#)
- [Early Detection and Surveillance of the SARS-CoV-2 Variant BA.3.2 — Worldwide, November 2024–February 2026 | MMWR](#)
- [International food safety event: Infant formula and products containing arachidonic acid oil contaminated with cereulide toxin - Multi-country](#)

- [FDA Issues Emergency Use Authorization for Topical Spray to Prevent and Treat New World Screwworm in Multiple Species, Including Cattle, Sheep, Goats, Horses, Wild and Exotic Mammals, Wild and Pet Birds](#)
- [Progress to reduce childhood deaths globally has slowed, report reveals | CIDRAP](#)
- [Danish university places hold on controversial hepatitis B vaccine study in Guinea-Bissau | CIDRAP](#)
- [Meningitis bulletin Week 10, 2026 | WHO African Region](#)
- [Ongoing dengue transmission in Samoa, with over 17 400 cases and nine deaths reported since the April 2025 outbreak declaration, and increasing DENV-2 circulation - BEACON](#)
- [Leptospirosis cases in Tumbes Region, Peru increase to 82 amid flooding and sanitation challenges - BEACON](#)
- [First measles outbreak since 2018 in Riga, Latvia - BEACON](#)